

West and Central Africa regional report

Unified Budget Results and Accountability
Framework (UBRAF) 2016-2021



Contents

Achievements	2
HIV testing and treatment	2
Elimination of mother-to-child transmission (eMTCT)	2
HIV prevention among young people	3
Gender inequality and gender-based violence	4
Human rights, stigma and discrimination	4
Investment and efficiency	5
HIV and health service integration	5
Challenges	7
Key future actions	8

Achievements

HIV testing and treatment

In 2016, in the west and central Africa (WCA) region, less than half of the 6 100 000 (42%) people living with HIV knew their status, 35% were on antiretroviral medicines (ARVs) and 25% had a suppressed viral load. The figures, though rising, were too low, and trail those in the eastern and southern Africa (ESA) region. Of the 540 000 children living with HIV, eight in 10 were not accessing antiretroviral therapy (ART). Access to early infant diagnosis was 20%, with 43 000 AIDS-related deaths among children.

Médecins Sans Frontières (MSF), a member of the Joint United Nations Regional Team on HIV/AIDS (JURTA), in its 2016 Out of focus report advocated for action. A regional catch-up plan was developed. Initially eight countries (Cameroon, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Guinea, Nigeria, Sierra Leone and Liberia) developed country specific plans and began implementing them in the first quarter of 2017. By end of the year, 12 countries had plans and nine had started implementation.

Specifically, 70 participants were trained to put 2015 WHO guidelines into effect, with 70 more reached via webinar. Nine countries were supported to adopt the policy and update national guidelines. Three countries introduced innovative point-of-care diagnostic machines to monitor viral load and increase access to early infant diagnosis. Twelve countries developed national acceleration plans for paediatric and adolescent HIV treatment, and nine adopted a comprehensive family-centred approach, with paediatric case-finding and links to ART.

During the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) 2017, UNICEF and UNAIDS launched Step Up the Pace, the first regional report on children and AIDS in WCA. They co-chaired a high-level event on catalysing paediatric ART within treatment catch-up plans. This resulted in a road map for accelerating focus on key policy and programmatic bottlenecks.

UNICEF facilitated dissemination of lessons learned, and development of programmatic guidance and tools for index case testing, the routine family testing of children and partners of an adult diagnosed with HIV. WFP provided nutritional support to 188 000 malnourished ART/tuberculosis (TB) clients, orphans and vulnerable children and their households in nine countries.

Elimination of mother-to-child transmission (eMTCT)

The number of new infections among children fell to 60 000 in 2016, a 46% reduction since 2000. Some 37 000 new paediatric infections were averted and 49% of pregnant women living with HIV received ARVs, eight countries with a sustained high coverage of more than 80%. During review of the catch-up plan at an ICASA satellite session, progress on

recommendations from the Dakar Call to Action on eliminating HIV among women, children and adolescents was discussed.

Burkina Faso was helped to launch an elimination of mother-to-child transmission (eMTCT) operational plan, and six countries were supported to include prevention of mother-to-child transmission (PMTCT) within reproductive, maternal, newborn and child health (RMNCH) services. Cameroon, Democratic Republic of the Congo and Senegal introduced point-of-care platforms to decentralize early infant diagnosis and viral load monitoring for women and children with assistance from Unitaïd. Cape Verde was supported to enrol in the WHO eMTCT certification process.

Best practices on PMTCT integration and community-facility linkages – an Optimizing HIV Treatment Access initiative – was disseminated to improve retention in HIV care, and a regional road map for accelerating eMTCT and paediatric ART was revised. Technical assistance was provided to five countries for eMTCT plan revision in line with the 2016 Political Declaration.

Africa's First Ladies advocated for the super-fast-track framework Start Free Stay Free AIDS Free for ending AIDS among children, adolescent and young women. The World Bank supported 15 concessional lending operations in west Africa focusing on RMNCH and PMTCT and using result-based financing to improve use and quality of reproductive health services.

HIV prevention among young people

To enable adolescent girls and young women to protect themselves from HIV, the team initiated several joint actions focusing on access to combination prevention services. With support, 12 countries conducted multisectoral assessments on adolescents and HIV through phases 1 and 2 of the All In initiative, informing priority interventions for prevention among young people.

In Cameroon, Côte d'Ivoire, Democratic Republic of the Congo and Nigeria, All In advocacy resulted in increased resources to high-burden geographic areas. In subnational operational plans, innovative approaches helped identify adolescents and young people at higher HIV risk, and track the use of high-impact services. Mobile health (mHealth) strategies such as U-Report were adapted to bridge knowledge gaps and increase the uptake of HIV services.

UNESCO, UNFPA and partners helped translate the Dakar Call to Action on reproductive health education into tangible actions with two policy guidance briefs, and also strengthened CSE in curricula in Benin, Côte d'Ivoire, Gabon and Senegal, multisector programming in Mali, Côte d'Ivoire and Togo, teacher training in Côte d'Ivoire, learning tools in Ghana, and strategic information in Côte d'Ivoire and Gabon.

To achieve the 90-90-90 targets, ProTest HIV, a global initiative that encourages young people to get tested for HIV, was launched in Gabon. Four countries also received support from UNICEF and UNFPA to address the sexual and reproductive health and rights of teenage girls to accelerate action to end child marriage.

WHO, UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) developed technical assistance modules and approaches to support seven countries in WCAR and ESAR in combination prevention programming for adolescent girls and young women.

A situation analysis was completed in selected countries on the legal and policy barriers affecting young people's sexual health and reproductive rights; an advocacy tool to be used within the Economic Community of West African States (ECOWAS) region

The joint regional team supported the 7th Africa Conference on Sexual Health and Rights in Accra in 2016, mobilizing the Organisation of African First Ladies against HIV/AIDS (OAFLA) from WCA. The First Ladies championed the launch of the continental All In campaign to end AIDS among adolescents. OAFLA also launched an initiative to end child marriage by 2020.

Gender inequality and gender-based violence

There was advocacy on the issue of child marriage, and its impact on the sexual and reproductive health of girls and migrants, with the regional joint team collaborating with the African Union and its campaign to end child marriage in Africa.

With support from UNESCO, UNICEF, Plan International and UN Women, Cameroon, Senegal and Togo addressed school-related gender-based violence, training key education staff and developing and applying a tool to assess the education sector's response to such violence.

The regional team, led by UNHCR and WFP, developed a toolkit for mainstreaming and managing HIV-related issues within humanitarian crises, prioritizing access to treatment and services and addressing nutrition-related issues and gender-based violence (GBV).

Human rights, stigma and discrimination

UNDP and the Office of the United Nations High Commissioner for Human Rights (OHCHR) launched an international initiative to reduce violations of human rights by promoting dialogue between stakeholders from government, UN agencies and civil society organizations (CSOs) in African countries. These included Cameroon, Nigeria and Senegal.

The joint regional team supported dissemination of a guide on treatment literacy for pregnant women and mothers living with HIV as part of the Positive Health, Dignity and Prevention

programme. UNAIDS believes treatment literacy reinforces a person's right to know their HIV status and to decide on ART, providing an entry point for reducing stigma and discrimination.

UNAIDS, WFP, UNCHR, UNICEF, the International Organization for Migration (IOM) and the African Union co-organized a satellite session on migration and HIV during ICASA 2017. This was aimed at sensitizing decision-makers on the need to ensure continuity of care in cross-border contexts, using a human rights-based approach.

Investment and efficiency

Technical support was provided through three mock Technical Review Panel (TRPs, which provides recommendations to the Global Fund Board), and 19 of 23 country funding requests for the Global Fund 2018–2020 period were successful, for an estimated US\$ 530 million. The World Bank and UNAIDS also provided technical support to the National AIDS Councils of Côte d'Ivoire, Senegal and Togo to conduct AIDS optimization and efficiency studies. These were instrumental in the reprogramming of Global Fund and the United States President's Emergency Plan For AIDS Relief (PEPFAR) Country Operational Plan resources and for national strategic planning processes.

Working with Avenir Health, UNAIDS assisted in developing investment cases for six of the most affected states in Nigeria. The process involved Cosponsors at country level. These will ensure sustainability, and help stimulate state-level investments in the HIV response.

UNAIDS and USAID developed the HIV/AIDS sustainability index and dashboard (SID) tool in six PEPFAR countries and two non-PEPFAR countries. They also supported the transition preparedness assessment and sustainability process in Senegal (in partnership with USAID's health policy project, The Palladium Group and the Global Fund) and Côte d'Ivoire (with GAVI, the Vaccine Alliance, and World Bank). The work, which involved Cosponsors at country level, is linked with health assurance coverage and health system strengthening initiatives.

Technical support from UNICEF, the World Bank and WFP ensured the HIV-sensitive social protection agenda was advanced in the region. Equatorial Guinea and Senegal developed HIV-sensitive social protection plans. Through its concessional lending portfolio, World Bank and UNICEF supported more than 13 social protection projects..

HIV and health service integration

Through WFP, contributed to strengthening the capacity of some 700 health workers and community agents to manage nutrition assessment, counselling and support programmes targeting people living with HIV and TB patients in seven countries.

The World Bank supported 25 concessional lending operations in west Africa, focusing on health-system strengthening and universal health coverage, and providing both funding and technical assistance to facilitate HIV and health service integration.

Challenges

In the region, a 30% decrease in funding from the Global Fund over the next three years presents a serious test, compromising fast-track achievements, and PMTCT and paediatric care and treatment. Inadequate funding through the Unified Budget, Results and Accountability Framework (UBRAF) and other sources seriously challenged the work of Cosponsors and the regional joint team. Other problems include insufficient political priority setting on testing and treatment of children and adolescents, the chronic weakness of maternal, newborn and child health (MNCH) platforms and community systems, persistent procurement and supply management deficiencies as well as limited resources to provide nutrition support to the many malnourished PLHIV initiating treatment.

There have been missed opportunities due to insufficient provider-initiated HIV testing in routine child care, and poor implementation of the advocated family-centred approach. Countries are also resistant to task-shifting policies in HIV paediatric care. Likewise, the limited capacity of health-care providers and families in managing the disclosure of HIV status in children and the transition during adolescence must be addressed.

Limited availability of quality data presents difficulties in measuring progress and in the design of tailored, integrated PMTCT and paediatric ART programmes. Few countries have fully integrated HIV in their humanitarian contingency plans. Comprehensive sexuality education has not yet been institutionalized, although it is improving. Information and communication technology (ICT) solutions need to be bettered to enable larger-scale training of teachers.

Improved governance and funding absorption is necessary to avoid funding cuts. Inadequate access to key interventions and programmes for people living with HIV hampers efforts, as well as slowness in adopting new technology, such as self-testing for HIV and pre-exposure prophylaxis (PrEP).

Poor decentralization and integration of HIV testing and treatment, and limited investment in differentiated care models for ART and in establishing community-based service delivery models remain problematic. Frequent stock-outs of HIV commodities (ARVs, condoms, reagents) and fragile health systems, due to limited qualified human resources, and weak procurement and supply management continue to be barriers to service utilization, especially for key populations.

Key populations and people living with HIV, meanwhile, still face stigma and discrimination, while gender inequality and GBV continue to make girls and young women vulnerable to HIV.

Key future actions

The regional joint team will engage strategic global and regional partnerships to influence policies, budgets, planning and programme implementation, and monitor the Dakar Call to Action. A third regional stocktaking meeting on eMTCT and paediatric treatment will be convened. Social protection systems will also be assessed, with a view to strengthening the HIV-sensitivity of existing schemes. Strategies to ensure the continuation of HIV services and care in emergency contexts will be strengthened, with HIV in emergency toolkits disseminated, HIV-sensitive contingency plans developed, and differentiated service delivery models promoted.

Certification of elimination of vertical transmission (for HIV, syphilis, hepatitis) will be supported, focusing on Cape Verde, which began the process in 2018 and Benin and Burkina Faso, which will be assessed for readiness. The Organisation of African First Ladies Against HIV/AIDS and the African Union's Free to Shine campaign to stop children acquiring HIV, prevent AIDS-related deaths and keep mothers healthy across Africa will be leveraged. Implementation of new delivery models in RMNCH will be fostered, and existing initiatives leveraged, including the Every Newborn Action Plan, the Muskoka initiative for maternal and child health, and the Every Child Alive Campaign.

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The team will secure political commitment to increase adolescent and young people's access to comprehensive sexuality education and SRH services, and implement innovative approaches. This will include modelling work on targeting for at-risk adolescents, including on testing and self-testing, mobile technology for real-time monitoring and response using U-Report and family-centred approaches. Also, models of adolescent health service delivery for girls combining school, community and health platforms focusing on pregnancy, HIV and nutrition, such as the Muskoka partnership's pilot in Benin with UNICEF and UNFPA. There will be support for self-testing focusing on male partners and high-risk adolescents, and HIV in emergency toolkits will be disseminated.

There will be assistance for national procurement and supply management systems to reduce stock-outs. New All In countries will also be supported. The focus on adolescent key population will be reviewed, and investment approaches expanded where expedient. Resources for prevention, especially for adolescent girls and women, will be leveraged, with the Global Fund among others, and new partnerships sought, for example with PEPFAR's DREAMS that aims to reduce HIV infections among adolescent girls and young women, with

the World Bank, and with France, UK-AID, and the Nordics. The region will provide targeted technical support, including joint missions, to Global Fund and PEPFAR programmes. With the World Bank, efficiency and sustainability plans in Cameroon will be developed.

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