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**PROGRESS REPORT ON THE IMPLEMENTATION OF THE REGIONAL HIV
STRATEGY 2011–2015**

Information Document

CONTENTS

	Paragraphs
BACKGROUND	1–3
PROGRESS MADE	4–8
NEXT STEPS	9–11

BACKGROUND

1. HIV/AIDS has remained a major public health challenge despite the considerable achievement made in reversing the epidemic. Current estimates show that almost 26 million people are living with HIV in the African Region. In 2012, the Sixty-second session of the WHO Regional Committee for Africa endorsed the strategy *HIV/AIDS: Strategy for the African Region* through resolution AFR/RC62/R2.¹ The targets of the Strategy, based on the 2009 baseline data were to reduce: new infections among young people aged 15–24 years by 50%; new HIV infections in children by 90%; HIV-related deaths by 25%; and in the case of HIV-related tuberculosis, deaths by 50% compared with the 2004 baseline.

2. The strategy requested Member States to: (a) scale up HIV prevention; (b) eliminate mother-to-child-transmission; (c) expand HIV testing services; (d) accelerate HIV treatment and care; (e) reduce comorbidities among people living with HIV; (f) strengthen TB/HIV collaborative activities; and (h) provide a comprehensive HIV/AIDS package of interventions for key populations. The WHO was requested to provide normative guidance and support implementation of the interventions.

3. This report summarizes the progress made in the implementation of Resolution AFR/RC62/R2¹ and proposes the next steps.

PROGRESS MADE

4. By the end of 2014, new HIV infections among young people had reduced by 19% while new infections in children declined by 47%. HIV-related deaths decreased by 31% and people dying from HIV-associated tuberculosis by 32%.

5. All 47 Member States have developed and are implementing national HIV/AIDS strategies in line with the regional health sector strategy on HIV/AIDS. In addition, 39 countries² have adopted the WHO 2013 guidelines on the use of antiretroviral medicines for the treatment and prevention of HIV infection. In 2014 more young people (51%) in the Region aged 15–24 years had comprehensive knowledge about HIV than the 30% in 2000. Condom use among people with more than one sexual partner increased, especially in Southern Africa (60%) and more than 10 million voluntary medical male circumcisions were performed by end of 2014.³ The Region reached 75% of all pregnant women living with HIV with antiretroviral medicines for prevention of mother-to-child transmission resulting in a 47% decline of new HIV infections among children since 2009. Seven countries⁴ have achieved more than 60% decline in new HIV infections among children.

6. An estimated 51% of people living with HIV in sub-Saharan Africa know their HIV status. In 2015, more than 11 million people were receiving antiretroviral treatment representing a 43% coverage. This contributed to a 31% decline in AIDS-related deaths between 2010 and 2014.

¹ Resolution AFR/RC62/R2, HIV/AIDS: Strategy for the African Region. *In Sixty-second session of the WHO Regional Committee for Africa, Luanda, Republic of Angola, 19–23 November 2012, Final Report*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2012 (AFR/RC62/14) pp.10–12.

² Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Chad, Central African Republic, Congo, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritania, Mauritius, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, South Africa, Seychelles, South Sudan, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

³ UNAIDS, *How AIDS changed everything*, MDG Report 2014 (http://www.unaids.org/sites/default/files/media_asset/MDG6Report_en.pdf) last accessed 16 February 2016.

⁴ Ethiopia, Mozambique, Namibia, South Africa, Swaziland, Tanzania and Uganda.

7. In 2014, 79% of notified patients with tuberculosis (TB) had a documented HIV result. Almost 90% of HIV-positive TB patients were receiving cotrimoxazole preventive therapy and the coverage of antiretroviral therapy among TB patients coinfecting with HIV reached 77% in 2014. This contributed to a reduction in the estimated number of people dying from HIV-associated TB in the African Region from 455 000 in 2004 to 310 000 in 2014, representing a decrease of 32%.

8. Despite progress in the response, the services are fragmented, coverage is inadequate and the rate of expansion needs to be accelerated to achieve Regional targets. The HIV incidence continues to increase in some countries, especially among adolescent girls and young women. HIV-related deaths have declined mainly as a result of treatment but this achievement is being eroded by increasing mortality associated with coinfections, such as viral hepatitis, tuberculosis and noncommunicable diseases. Stigmatization and discrimination are barriers to access to health services, particularly for children, adolescents, young women and key populations such as sex workers. In addition, many Member States will need to transition to domestic funding of their HIV programmes in view of changing donor priorities.

NEXT STEPS

9. Member States should:

- (a) allocate domestic resources to the HIV/AIDS response and mobilize external funding using a variety of means such as innovative levies, increased allocations to the health budget and matching donor grants with domestic resources;
- (b) accelerate the high-impact HIV prevention and treatment interventions using combination prevention and treating all people diagnosed with HIV as soon as possible;
- (c) maximize prevention benefits of antiretroviral drugs through eMTCT, pre- and post-exposure prophylaxis and scale up antiretroviral therapy;
- (d) adapt service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations;
- (e) strengthen national strategic information systems to provide quality data for better understanding of the epidemic and guide more focused investments and response;
- (f) scale up joint tuberculosis/HIV interventions, and management of comorbidities.

10. WHO will continue to provide technical leadership and normative guidance by developing the Regional Framework of action aligned with the Global Health Sector Strategy on HIV.

11. WHO and partners to provide support for implementing the framework.