



# WEST & CENTRAL AFRICA HIV CATCH-UP

WHO in an era of transformation



World Health  
Organization

African Region

# Leap forward

2015–2021

**78%**

antiretroviral treatment  
coverage

**(up from 36%)**

**72%**

of People Living with HIV  
know their status

**(up from 52%)**

**47%**

of People Living with HIV  
achieved viral suppression

**(up from 25%)**

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A World Health Organization (WHO)-driven collaboration with West and Central African countries achieved a 30% reduction in new HIV infections in the six years to 2021, saving 80 000 lives and turning the tide on the trajectory of the epidemic in the sub-region.

Between 2015 and 2021, the West and Central African region more than doubled its HIV treatment coverage from 36% to 78%, outpacing East and Southern Africa's 23% improvement. In real terms, this translated to 1.6 million more People Living with HIV in West and Central Africa accessing lifesaving medication. AIDS-related deaths during the period decreased by more than a third, from 220 000 to 140 000, while new HIV infections dropped by 30%, from 270 000 to 190 000.

# Measures of success

## 2015–2021

*“We know that people on treatment can lead long, productive lives. Gone are the days when HIV was considered a death sentence.”*

Dr. Matshidiso Moeti, WHO Regional Director for Africa

### ✓ ART coverage more than doubled

From 36% coverage in 2015 to 78% in 2021

### ✓ 1.6 million more people on ART

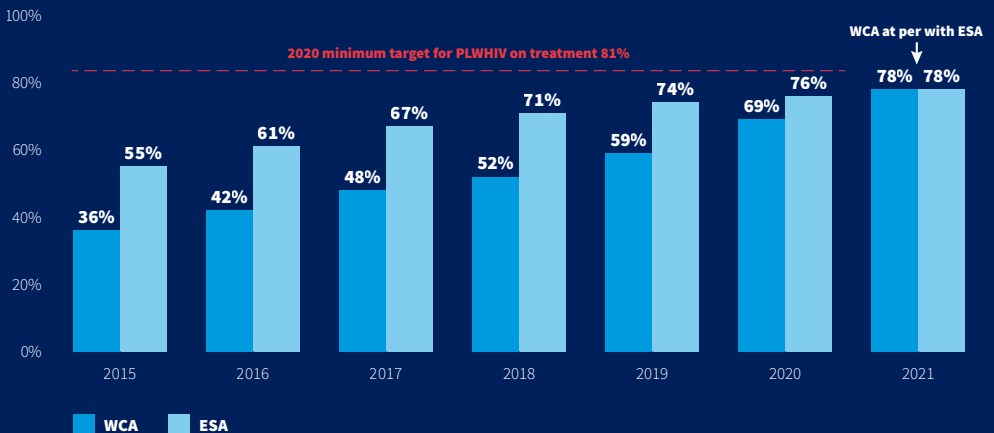
2015–2020

### ✓ 30% fewer new HIV infections

### ✓ 80,000

fewer AIDS-related deaths

#### Antiretroviral coverage in WCA vs ESA, 2015–2021



# HIV treatment catch-up

## Top performing countries

Four countries achieved or exceeded 90% treatment coverage by 2021

98%

Cabo Verde



98%

Sao Tome & Principe



93%

Burundi



90%

Nigeria



The biggest improvements in antiretroviral coverage in the six years to 2021

59%

Democratic  
Republic of the  
Congo



47%

Sao Tome  
& Principe



46%

Nigeria



45%

Cameroon



45%

Ghana



43%

Burundi



# WHO drives change

## US \$1 million

combined commitment through the catch-up plan spearheaded by WHO to help West and Central African countries tackle some of the major stumbling blocks.



Priority areas for intervention included:

**HIV testing and treatment | antiretroviral stockouts and access to the best available medication | better treatment guidelines | crippling user fees that made treatment unaffordable | urgent need to harness the power of community involvement**

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Country ownership, high-level advocacy and political commitment were crucial to the success of the catch-up plan, as was a paradigm shift to integrate HIV programmes with those of related diseases, such as tuberculosis (TB), and into broader health systems.

One key approach, known as Differentiated Service Delivery, simplified HIV services, tailoring them to local needs and circumstances. This increased access, improved quality of care, and optimized the use of health care resources. Another was WHO's Treat All policy with antiretrovirals, as soon as possible after an HIV diagnosis, to expand treatment coverage and boost early diagnosis of babies born with HIV. It was adopted and extensively implemented by all the 25 countries in the West and Central Africa region.

WHO also developed an emergency plan to keep the multidimensional catch-up strategy on track. Better data collection and analysis was an important component, to ensure that all changes were rooted in context-specific evidence.

# WCA HIV treatment catch-up plan

Working together to transform ART coverage

## 1.6 million

people are now accessing ART in West and Central Africa – driven by WHO and partners\*

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ART capacity building

- ✓ **Stronger supply chains**
- ✓ **Viral load testing**
- ✓ **ART delivery**
- ✓ **Training of health providers**
- ✓ **DSD**
- ✓ **Innovative technologies**
- ✓ **Scientific leadership**
- ✓ **Technical support**

\* UNAIDS, UNICEF, World Food Programme, UN Development Programme, UN Educational, Scientific and Cultural Organization, West African Health Organization. Médecins Sans Frontières, International Federation of the Red Cross, (US) President's Emergency Plan for AIDS Relief, US Agency for International Development, US Centers for Disease Control and Prevention

# WHO: Turning funding into action

2015–2020



**Cameroon**

**US \$ 70 000**

Advocacy for free health care

**Result: Contributed to raising treatment coverage from 37% – 70%**



**Chad**

**US \$ 36 000**

Antiretroviral procurement

**Result: Contributed to raising treatment coverage from 30% – 70%**



**Cote d'Ivoire**

**US \$ 73 664**

Task transfer to community health workers to boost access

**Result: Contributed to raising treatment coverage from 37% – 73%**



**Ghana**

**US \$ 74 600**

Consistent supply of test kits and other basics

**Result: Contributed to raising treatment coverage from 35% – 61%**



**Guinea**

**US \$ 30 600**

Boost national laboratory system

**Result: Contributed to raising treatment coverage from 15% – 46%**



**Liberia**

**US \$ 20 000**

Integrate HIV, viral hepatitis and TB

**Result: Contributed to raising treatment coverage from 34% – 54%**



**Sierra Leone**

**US \$ 15 000**

Antiretroviral inventory

**Result: Contributed to raising treatment coverage from 31% – 50%**



# Differentiated service delivery: Making the difference

## A baby named Goodnews

When Adetimi Bayo named her new baby Goodnews, it was to celebrate his HIV-free status.

It was a result she could barely imagine, given that she had been living with the virus for the previous four years. She had learnt from health workers what was needed to protect her baby, but she had been afraid to even hope.



Bayo is among thousands of Nigerians who have benefited from more equitable HIV care, delivered even in hard-to-reach parts of the country, thanks to the West and Central Africa HIV catch-up strategy. Through its Differentiated Service Delivery component, the country tailored its HIV response, creating 24-hour one-stop-shops so People Living with HIV, or trusted community members, could always collect their medication.

The novel approach helped change the course of the disease in Nigeria.

***“We saw that women who got pregnant did not go to health facilities for their prenatal care, and those who had children living with HIV did not access care for their children because of the stigma associated with it. We intensified our prevention of mother-to-child HIV transmission, and began providing antiretroviral services to children living with HIV,”***

says Dr Ngozi Noel Ogamba, team lead in the Akwa Ibom state.

Bayo, who has been living with HIV since 2017, had nothing but praise for the health workers: ***“It’s thanks to them that my Goodnews remains free of HIV.”***



# Resilience to COVID-19

*“We cannot be forced to choose between ending the AIDS pandemic today and preparing for the pandemics of tomorrow. The only successful approach will achieve both.”*

Winnie Byanyima, UNAIDS Executive Director



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COVID-19 was a significant test for health services generally across Africa, and particularly HIV treatment and care delivery. Yet many West and Central African countries, where innovative delivery of antiretrovirals and other interventions were already entrenched, managed to beat the odds.

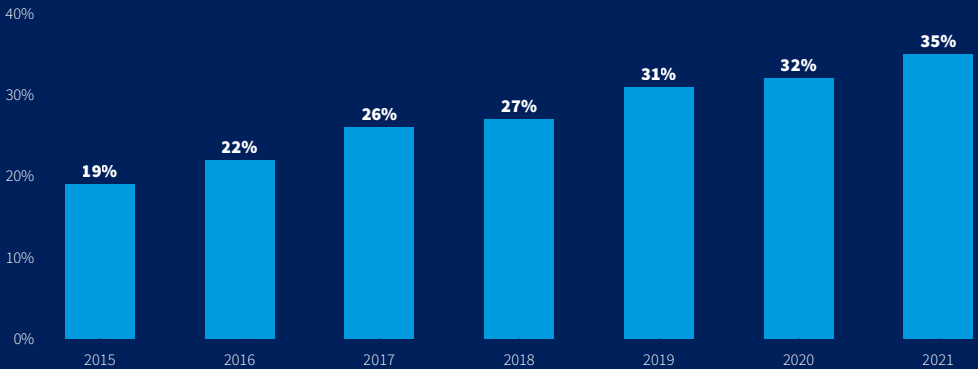
Countries such as DRC, Cameroon, Ghana and Nigeria, that were already recording improvements in the three most significant areas – more People Living with HIV knowing their status, increasing access to antiretroviral medicine, and fewer new HIV infections – continued to make progress.

Examples of interventions that proved crucial as COVID-19 overshadowed HIV included the delegation of specific tasks by health personnel to community workers, multi-month antiretroviral dispensing to reduce return visits to clinics, and remote monitoring of patients.

# Children:

## Closing the treatment gap

*Antiretroviral treatment coverage children 0–14 years in WCA 2015–2021*



***“HIV poses a major threat to public health. Preventing mother-to-child transmission is essential in the fight and I’m delighted to see HIV-positive women in Guinea giving birth to healthy children free of HIV.”***

Dr Youssouf Koita, HIV/AIDS and Hepatitis  
Prevention Programme coordinator, Guinea

Once children are diagnosed with HIV and put on treatment, they do very well, but their access to life-saving medicine lags behind adults. There is an urgent need for more effective integration of mother-to-child HIV transmission and paediatric antiretroviral treatment programmes.

Improvement rates were lower than expected, not least due to hurdles such as the lack of laboratory capacity to diagnose infants. In 2016, 13% of children living with HIV had achieved viral load suppression. By 2020, that had increased to 24%, marking an increase of just 11%.

Going forward, the interventions highlighted the need for countries to prioritize the incorporation of children’s services into programmes like those for pregnant women, all of whom are now tested and screened.

# Free antiretroviral care

## A chance for a childhood full of dreams

*‘He’s growing up with a head full of dreams’*

Rama couldn’t protect her first child from HIV, since she learnt of her pregnancy and her HIV status simultaneously. So, when she fell pregnant a second time, she was **“terrified”**.

But in Guinea, the government had since prioritized the prevention of mother-to-child HIV transmission, following the WHO’s test-and-treat-all recommendation for everyone diagnosed with the disease. The number of dedicated treatment centres had risen to 487, an increase of 130 in the three years to 2021. Free antiretrovirals were now available to pregnant women and their children, and Rama was told that it was indeed possible to have a healthy, HIV-negative child.



*“I followed all the guidelines faithfully, but I was still terrified for my baby. But thanks to the treatment and excellent follow-up, he was born safe and sound.”*

She had also seen a significant improvement in antiretroviral access for her older child.

*“Back when I had my daughter, I would bring her once a month for her medications. Sometimes there were glitches that caused us anxiety, but now we receive treatment reliably, every three or six months.”*

Her son, meanwhile, is a constant source of amazement for her, she said.

*“This treatment has afforded me the chance to watch my child grow up in excellent health, with a head full of dreams.”*

# Next steps

- **Focus on the significant challenge of strengthening health systems and leadership at country level, through technical support to Ministries of Health, to especially sustain effective interventions that will advance progress towards set and future HIV goals.**
- **Strengthen and upscale innovative strategies that have proven effective, such as the Differentiated Service Delivery (DSD) model, while upskilling community workers to build capacity and advocacy for integrated services on the ground.**
- **Target underserved key groups to close HIV treatment gaps, including all children, but especially infants and early adolescents (11–14 years), by integrating HIV services into Prevention of Mother-to-Child HIV transmission and paediatric antiretroviral programmes.**
- **Increase rates of People Living with HIV who have achieved viral load suppression, through concerted efforts to improve tracking and monitoring to boost available data, and drive up broader demand.**
- **Further improve efforts to share key lessons and good practices, especially the utilization of local data and information to locate People Living with HIV, and tailor context-appropriate responses.**
- **Strong and ongoing advocacy to reduce stigmatization and discrimination through the removal of punitive laws and policies that impede access to effective interventions, and inhibit treatment uptake.**
- **Incorporate humanitarian and crises contexts when crafting HIV intervention strategies to ensure uninterrupted prevention, treatment and care services in affected countries.**

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