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**ACCELERATION OF HIV PREVENTION IN THE WHO AFRICAN REGION:
PROGRESS REPORT**

Information document

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BACKGROUND

1. Concerned about the high rates of HIV infection with a disproportionately high burden on young people and women and the slow progress in reducing HIV incidence in the African Region, the Regional Committee in 2006 adopted Resolution AFR/RC55/R6 on acceleration of HIV prevention efforts in the African Region. The resolution was subsequently endorsed by the Regional Directors for Africa of WHO, UNAIDS, UNDP, UNESCO, UNFPA, UNICEF and UNIFEM at a consultation in Brazzaville, in November 2005, where they signed the Brazzaville Declaration and adopted a related joint plan.
2. The resolution urged Member States to put in place a number of measures, including: development of strategies and plans for accelerated HIV prevention; identifying and tackling the deep-rooted causes of vulnerability; increasing access to quality health sector HIV prevention interventions; promoting local research to enhance understanding of the dynamics of HIV transmission in order to provide appropriate response.
3. In addition, the resolution requested the Regional Director to develop a strategy for accelerating HIV prevention; to provide the necessary technical support to countries; to help mobilize additional resources; and to monitor implementation. It further requested the Regional Director to report to the Regional Committee every two years.
4. This progress report covers the period August 2005 to December 2007. It provides an overview of the progress made and the next steps in accelerating health sector HIV prevention in the African Region.

PROGRESS MADE

5. Acceleration of HIV prevention was launched in all 46 countries of the WHO African region, following its launch at the continental level in Addis Ababa, Ethiopia, on 11 April 2006 under the auspices of the Africa Union.
6. Member States took steps to implement Resolution AFR/RC55/R6 as evidenced by the development of road maps for acceleration of HIV prevention in 21 countries; the revision of national strategic plans in 25 countries to integrate acceleration of HIV prevention; the establishment of HIV prevention committees in 10 countries to improve coordination; the organization of national forums in five countries to discuss the factors driving the HIV epidemic; the launch of national campaigns in six countries to promote testing and counselling; and the holding in six countries of national consultations on male circumcision for HIV prevention.
7. Half (23) of the Member countries were supported to expand HIV testing and counselling (HTC) and prevention of mother-to-child transmission (PMTCT). The percentage of districts with at least one facility providing HTC increased from 5% in 2005 to 60% in 2007. The total number of pregnant women accessing PMTCT services increased from 190 000 at the end of 2005 to over 300 000 by the end of 2007, with a marked increase in eastern and southern Africa. During the same period, the proportion of patients accessing antiretroviral treatment rose to 40%. This level of progress was achieved thanks to close collaboration with partners such as the President's Emergency Plan for AIDS Relief (PEPFAR) and UNICEF and the increased availability of financial resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and others. Despite this significant progress, the overall coverage of HTC and PMTCT remains around 10%.

8. Normative tools to guide countries to scale up HIV prevention were developed. The strategy for renewal and acceleration was adopted at the fifty-sixth session of the Regional Committee in August 2006. In addition, a document on strategic orientations for scaling up male circumcision for HIV prevention was formulated at the end of 2007.

9. With the assistance of the Regional Office, 16 countries were supported to update the HIV testing and counselling guidelines and to train counsellors, 10 countries were supported to develop national guidelines and operational plans for PMTCT and 17 countries were supported to update their national guidelines on sexually transmitted infections (STIs) and to integrate comprehensive STI case management in the training curricula of medical and paramedical staff.

10. Since the release of the WHO/UNAIDS joint recommendations on male circumcision and HIV prevention in March 2007, a joint United Nations plan has been developed and is being implemented. The plan focuses on countries of eastern and southern Africa which bear the heaviest burden of HIV/AIDS and have very low male circumcision rates.

11. Strong partnerships were formed with other partners, particularly within the UN system, and with PEPFAR, GFATM, and the Bill and Melinda Gates Foundation, among others. Furthermore, the Secretariat of the Southern Africa Development Community was assisted to develop a strategy for accelerating HIV prevention.

NEXT STEPS

12. Countries will be supported to focus on cost-effective and evidence-based interventions. These interventions include reducing sexual transmission of HIV through strengthening safe sex counselling, scaling up condom use and adequate management of STIs; scaling up HTC through provider-initiated testing and counselling; scaling up comprehensive PMTCT; and scaling up the provision of safe male circumcision services.

13. Advocacy for accelerating integrated HIV prevention will be sustained through quality health promotion to ensure that HIV prevention remains a priority for Member States and development partners.

14. Strategic partnerships will be forged, and ongoing collaborative efforts will be harmonized to support coordinated scaling up of HIV prevention activities.