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**PROGRESS REPORT ON IMPLEMENTING THE GLOBAL HEALTH SECTOR  
STRATEGY ON HIV/AIDS 2016–2021**

**Information Document**

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## BACKGROUND

1. HIV/AIDS is a major public health challenge in the African Region with 25.6 million people living with HIV and 720 000 AIDS-related deaths in 2016.<sup>1</sup> The Sixty-sixth session of the WHO Regional Committee for Africa adopted the HIV/AIDS framework that guides the Member States in the African Region in implementing the Global Health Sector Strategy on HIV, 2016–2021.<sup>2</sup>

2. The targets of the Strategy, based on the 2014 baseline data, were to reduce HIV-related deaths to below 287 000 and new HIV infections to below 420 000. Additional targets are aimed at ensuring that 90% of people living with HIV know their HIV status; 90% of people diagnosed with HIV receive antiretroviral therapy and 90% of those who are on treatment, achieve viral load suppression.

3. The Strategy requested Member States to: (a) prioritize HIV prevention; (b) expand HIV testing services; (c) scale up antiretroviral therapy; (d) strengthen TB/HIV collaborative activities; (e) provide a comprehensive HIV/AIDS package of interventions for key populations; and (f) strengthen health systems, including adopting innovative service delivery models.

4. This report summarizes the progress made in the implementation of the Global Health Sector Strategy on HIV, 2016–2021 and proposes the next steps.

## PROGRESS MADE

5. All 47 Member States had developed and were implementing national HIV/AIDS strategies in line with the global health sector strategy on HIV by the end of 2017. In addition, 30 countries<sup>3</sup> have adapted the WHO consolidated guidelines on the use of antiretroviral medicines for treating and preventing HIV infection.<sup>4</sup>

6. Condom use among people with more than one sexual partner increased especially in Southern Africa (60%) and nearly 15 million voluntary medical male circumcisions were performed by the end of 2016.<sup>5</sup> The Region reached 79% of all pregnant women living with HIV receiving antiretroviral medicines for prevention of mother-to-child transmission, resulting in a 40% decline in new HIV infections among children since 2014.

7. Regarding progress towards the 90-90-90 targets, nearly 70% of people living with HIV knew their status in 2016. Almost 13.8 million people living with HIV were receiving antiretroviral treatment, representing a coverage rate of 53%, while viral suppression rates were at 44%.<sup>6</sup>

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<sup>1</sup> UNAIDS, Ending AIDS: Progress towards the 90–90–90 targets, Global AIDS Update 2017; Joint United Nations Programme on HIV/AIDS.

<sup>2</sup> WHO, Global Health Sector Strategy on HIV, 2016–2021; Towards Ending AIDS. Available: <http://apps.who.int/iris/bitstream/10665/246178/1/WHO-HIV-2016.05-eng.pdf?ua=1> (accessed on 06 February 2018)

<sup>3</sup> Algeria, Angola, Benin, Botswana, Burundi, Cameroon, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Ethiopia, Ghana, Kenya, Lesotho, Madagascar, Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, South Africa, South Sudan, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe

<sup>4</sup> WHO, Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach, 2017

<sup>5</sup> UNAIDS, Global AIDS Monitoring, UNAIDS/UNICEF/WHO 2017.

<sup>6</sup> UNAIDS, Ending AIDS: Progress towards the 90–90–90 targets, Global AIDS Update 2017; Joint United Nations Programme on HIV/AIDS.

8. In 2016, there were 720 000 HIV-related deaths, down from the estimated 790 000 deaths in 2014. An estimated 1.2 million new HIV infections occurred in the same year, a reduction of 14% from the 1.4 million infections in 2014.<sup>7</sup>

9. In 2016, seventy-two per cent of notified patients with tuberculosis (TB) had a documented HIV-positive result. The coverage of antiretroviral therapy among TB patients coinfecting with HIV reached 88% in 2016. The estimated number of people dying from HIV associated TB in the African Region has remained stable at 320 000 since 2014.<sup>8</sup>

10. Regarding health systems, there is increased availability and comprehensiveness of laboratory services for HIV testing and patient monitoring. Thirteen public health laboratories in eight countries<sup>9</sup> were internationally accredited for early infant diagnosis and viral load testing. Twenty-three countries<sup>10</sup> are implementing the viral load scale-up policy to monitor how the virus is suppressed among people who are on HIV treatment. There was increased access to HIV medicines with 92% of people receiving HIV treatment retained on first-line therapy and 6% retained on second-line therapy in 2016.<sup>11</sup>

11. All countries in the African Region have adopted the global indicators for monitoring the HIV response in the health sector. Presently, 14 countries<sup>12</sup> are now able to produce HIV care cascades, report on their 90-90-90 targets and use data to improve their programmes. Domestic resources are at their highest level to date, reaching 46% in Eastern and Southern Africa and 35% in West and Central Africa of the total resources for the HIV response in the Region.<sup>13</sup>

12. Despite the progress made, several challenges remain, according to the Global AIDS update report.<sup>14</sup> The coverage of HIV services is inadequate mainly among men, children, adolescents, young women and key populations. New HIV infections are still high especially among adolescent girls and young women. Many people living with HIV are enrolling late for treatment, leading to poor treatment outcomes. The gains in the response are being eroded by increasing mortality associated with coinfections, such as with viral hepatitis, tuberculosis and non-communicable diseases. Stigmatization and discrimination are barriers to accessing health services, particularly for key populations. In addition, many Member States will need to transition to domestic funding of their HIV programmes in view of changing donor priorities.

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<sup>7</sup> UNAIDS, Ending AIDS: Progress towards the 90–90–90 targets, Global AIDS Update 2017; Joint United Nations Programme on HIV/AIDS.

<sup>8</sup> WHO, Global Tuberculosis Report, 2017.

<sup>9</sup> Botswana, Cameroon, Mozambique, Namibia, Nigeria, Tanzania, Uganda and Zimbabwe.

<sup>10</sup> Algeria, Botswana, Burkina Faso, Cameroon, Chad, Ethiopia, Eritrea, Ghana, Kenya, Lesotho, Malawi, Mali, Mauritius, Namibia, Nigeria, Rwanda, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda and Zambia.

<sup>11</sup> WHO, Combined global demand forecasts for antiretroviral medicines and HIV diagnostics in low- and middle-income countries from 2015 to 2020; World Health Organization, 2016.

<sup>12</sup> Botswana, Cameroon, Côte d'Ivoire, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

<sup>13</sup> UNAIDS, Ending AIDS: Progress towards the 90–90–90 targets, Global AIDS Update 2017; Joint United Nations Programme on HIV/AIDS.

<sup>14</sup> UNAIDS, Ending AIDS: Progress towards the 90–90–90 targets, Global AIDS Update 2017; Joint United Nations Programme on HIV/AIDS.

## **NEXT STEPS**

### 13. Member States should:

- (a) Allocate more domestic resources to the HIV/AIDS response and continue to mobilize external funding.
- (b) Accelerate high-impact HIV prevention and treatment interventions using combination prevention.
- (c) Expand HIV testing services; roll out new and improved antiretroviral medicines; and expand viral load testing for each person accessing treatment.
- (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) Continue to address stigma, discrimination and human rights violations.

### 14. WHO and partners will:

- (a) Continue to advocate for adoption of the consolidated HIV prevention and treatment guidelines in the remaining Member States.
- (b) Monitor the HIV response in the health sector.
- (c) Provide technical support for the implementation of the Global health sector strategy on HIV.