

Actions and advocacy in the HIV response in West and Central Africa should be guided by the following overarching principles:

Urgency: The demographic growth and 'youth bulge' in the region could mean continued high numbers of children and adolescents becoming infected with HIV and dying from AIDS, unless the HIV response – both prevention and treatment – improves. The current slow progress in responding to HIV in the region is simply unacceptable, and governments and the global community can no longer allow it to continue.

Equity: The inequitable prioritization of the HIV response and its correlated slower regional progress must be corrected. There are too many disparities and gaps that characterize and weaken the HIV response among children and adolescents, including the disparities in access to ART that favour younger children over adolescents and adolescent girls over adolescent boys.

Resilient systems: Health systems in the region must be strengthened to overcome current limitations, including the bottlenecks in many countries that prevent the effective decentralization of services and the integration of HIV testing and treatment into routine maternal, neonatal and child health systems and sexual and reproductive health services.

Data: More must be done to use and analyse HIV subnational data, disaggregated by a wider range of factors and background characteristics, to focus efforts where the most vulnerable children and young people are likely to live and to inform appropriate action and accountability at all levels.

Gender: Adolescent girls and young women are particularly vulnerable to HIV and inordinately affected by the epidemic. Often, girls' knowledge about HIV is limited, and they are less equipped than boys to make informed decisions about HIV prevention. Unless structural, behavioural and cultural issues are also addressed, the HIV response in West and Central Africa will remain insufficient and unsustainable.

Humanitarian crises in some countries: Political crisis, conflict and natural disasters in the region have disproportionate impacts on children and women and have negatively influenced HIV programming. Because HIV infection leads to chronic infection and insufficient adherence can lead to drug resistance, it is critical that adequate measures be undertaken in humanitarian situations to preserve HIV prevention and treatment programming.

Partnerships: UNAIDS' super-fast-track of the global response for children, adolescents and young women by 2020 calls for a full programme scale-up in West and Central Africa by 2018. There are many partners on the ground in the region that are responding to this call, and doing remarkable work in often difficult circumstances. This work should be supported and expanded.

High-level political commitment: A super-fast-track HIV response for children requires that West and Central African political leaders renew their political commitment to an AIDS-free generation. Many leaders have endorsed a catch-up plan, which aims to drastically improve HIV treatment for adults and children by 2018. They must continue such efforts and go much further, including by closing the treatment gap between children and adults.

Note:

All figures are based on a UNICEF analysis of UNAIDS 2017 data, unless otherwise noted.

1. Joint United Nations Programme on HIV/AIDS, *Ending AIDS: Progress towards the 90-90-90 targets*, UNAIDS, Geneva, 20 July 2017.
2. Joint United Nations Programme on HIV/AIDS, *2015 Progress Report on the Global Plan towards the Elimination of New HIV Infections among Children and Keeping their Mothers Alive*, UNAIDS, Geneva, 2015, p. 23.
3. United Nations Children's Fund, *Generation 2030 Africa 2.0: Prioritizing investments in children to reap the demographic dividend*, UNICEF, New York, October 2017.

EXECUTIVE SUMMARY

Step Up the Pace: Towards an AIDS-free generation in West and Central Africa

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To be a child, adolescent or young woman in West and Central Africa is to be vulnerable to HIV. In West and Central Africa, approximately 165 children aged 0–14 years and approximately 170 adolescents aged 15–19 years become infected with HIV every day. Of an estimated 540,000 children aged 0–14 years living with HIV across the region, 420,000 – or nearly 8 in 10 of them – have no access to the antiretroviral medicines that can save their lives, as the majority have not been identified due to poor access to HIV testing services.

The 24 countries that make up the West and Central Africa region are home to 25 per cent of

children aged 0–14 years and 16 per cent of adults aged over 15 years living with HIV worldwide.¹ These countries have historically reported lower HIV prevalence compared with other parts of Africa.

That may explain why over the years, West and Central Africa has not been the focus of major regional and global initiatives when the world has been focused on Eastern and Southern Africa. To date, West and Central Africa has made less progress than most other regions on nearly every measure of HIV prevention, treatment and care programmes relevant for children and adolescents.

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The full report is available at:
www.unicef.org/publications/index_101480.html

Elimination of new HIV infections in children:

Prevention of mother-to-child transmission (PMTCT) of HIV services expanded in the West and Central Africa region between 2010 and 2016,² and a few countries have sustained high coverage of PMTCT interventions, including Burkina Faso and Cabo Verde, where more than 80 per cent of pregnant women living with HIV are receiving antiretroviral therapy (ART). But only about half (49 per cent) of the 330,000 pregnant women living with HIV in the region were reached with ART in 2016. The region faces key challenges that constrain the rapid scale-up of PMTCT services that is required for the elimination of vertical transmission of HIV and keeping mothers alive and healthy. Among the challenges are fragile health systems, limited integration of HIV testing and treatment into routine health systems, poor retention of mother-infant pairs, limited capacity of early infant diagnosis of HIV, and limited engagement of health workers in HIV and AIDS service delivery.



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Paediatric and adolescent HIV testing, treatment and care:

It is urgent that every child and adolescent living with HIV has access to life-saving medication. Yet, in the West and Central Africa region, only 21 per cent of the 540,000 children (aged 0–14 years) living with HIV received ART in 2016. This is the lowest paediatric ART coverage rate of any region in the world. Those on treatment need to adhere to their medications and be supported to remain in care. Many children are not receiving the adherence support they need, particularly as they transition to adolescence. There are missed opportunities to identify HIV-positive children outside PMTCT settings, and challenges of initiating ART, monitoring ART treatment in children and retaining them in care as well as managing disclosure of children's HIV status.

HIV prevention among adolescents: The number of adolescents (aged 10–19 years) in West and Central Africa is projected to increase to 167 million by 2030 – from 114 million in 2016.³ This demographic trend – the so-called 'youth bulge' – will determine the future of the HIV epidemic and the response among adolescents. New HIV infections are decreasing among children in the region, but not as fast among adolescents aged 15–19 years as among younger children aged 0–14 years, and certainly not fast enough to keep up with the increasing population of adolescents who are susceptible to infection. Among the challenges are adolescents' limited access to comprehensive HIV prevention services, gender norms and practices that increase girls' vulnerability to HIV, and prevalence and risk among adolescents in key populations (gay and bisexual men and boys, people who are sexually exploited and sell sex, and people who inject drugs).

Table 1

Summary of HIV epidemic among children (aged 0–14)

global and West and Central Africa, 2016

	GLOBAL	WEST AND CENTRAL AFRICA	REGION'S PER CENT OF GLOBAL TOTAL
Estimated number of children (aged 0–14) living with HIV	2,100,000	540,000	25%
Estimated number of children (aged 0–14) newly infected with HIV	160,000	60,000	38%
Estimated number of children (aged 0–14) dying of AIDS-related causes	120,000	43,000	37%

Note: Due to rounding, values may not sum to total. Source: UNICEF analysis of UNAIDS 2017 estimates.

This report proposes four strategic directions that will enable countries of West and Central Africa to accelerate progress towards the UNAIDS super-fast-track targets for children and adolescents by 2018 and 2020.

1. Differentiate the HIV response to accelerate progress towards the targets.

In practice, this refers to prioritizing resources based on geographical location and population in greatest need. Focus is placed on the countries, subnational areas, districts and municipalities most affected by HIV; and services are tailored to children, adolescents and mothers at higher HIV risk, including those from key populations and those living in challenging or fragile contexts. Implementing and sustaining a differentiated response requires better use of epidemiological and programmatic data to guide activities and interventions in local contexts.

2. Promote the integration of HIV services within a resilient and sustainable development response.

HIV-specific services should be integrated into the various platforms and service packages, including those focusing on antenatal care and maternal health, sexual and reproductive health, and education. The priorities are to identify pregnant women, children and adolescents living with HIV; and to treat and retain children, adolescents and pregnant and breastfeeding women living with HIV in comprehensive care and support services. To address the structural and social drivers of vulnerability, countries should invest in strengthening key social services (health, education and protection) and integrate HIV-relevant and child-sensitive interventions into their social sector development responses.

3. Prioritize community ownership and local governance of the HIV response.

Families and community members remain best placed to address the enduring HIV-related stigma that has inhibited progress towards ending AIDS. An intensified response will be needed at subnational and community levels, driven by community leaders and local authorities and centred on a package of high-impact interventions, such as ART, designed locally for the specific needs of children and adolescents living with HIV and those at a significantly higher risk of HIV acquisition. To that effect, one conceptual framework – the child-friendly community – is being rolled out in West and Central African countries with UNICEF support.

4. Invest in innovations to remove the barriers to scale-up.

West and Central Africa must leverage innovations and foster collaborative learning to improve efforts to identify infants, children, adolescents and pregnant and breastfeeding women living with HIV; link them to treatment; and retain them in care. Countries should adopt new diagnostic and biomedical approaches, such as point-of-care technology, HIV self-testing and pre-exposure prophylaxis (PrEP), and proven technology-based innovations, and adapt these to their local contexts.

Table 2

Summary of HIV epidemic among adolescents (aged 10–19)

global and West and Central Africa, 2016

	GLOBAL		WEST AND CENTRAL AFRICA		REGION'S PER CENT OF GLOBAL TOTAL
	FEMALE	MALE	FEMALE	MALE	
Estimated number of adolescents (aged 10–19) living with HIV	1,200,000	900,000	260,000	190,000	22%
Estimated number of adolescents (aged 15–19) newly infected with HIV*	170,000	86,000	43,000	19,000	24%
Estimated number of adolescents (aged 10–19) dying of AIDS-related causes	26,000	29,000	7,700	8,500	30%

Note: Due to rounding, values may not sum to total. Source: UNICEF analysis of UNAIDS 2017 estimates. * Data for adolescents aged 10–14 are estimated to be close to 0.