THE WESTERN AND CENTRAL AFRICA CATCH-UP PLAN

PUTTING HIV TREATMENT ON THE FAST-TRACK BY 2018

As a nation that succeeded in putting an end to the Ebola virus disease (EVD) epidemic, we are resolutely committed to achieving the goals of the United Nations Political Declaration on Ending AIDS. The EVD epidemic has affected our countries in a brutal way, but thanks to the resilience of our populations and our institutions, and to international solidarity, we overcame the disease.

We are in a fragile phase of reconstruction of our health system, but this should be an opportunity for us to mobilize and put an end to the epidemics of AIDS, tuberculosis and malaria and achieve the African Union's Agenda 2063. In western and central Africa, with only 28% of our people living with HIV on treatment, there is a need for a tremendous effort to change course and reach 90–90–90. The catch-up plan for HIV in western and central Africa is a key opportunity for countries to attain those targets.

Among the key strategies of the catch-up plan, innovative care delivery models that further engage community actors, as promoted in the 2 million community health workers initiative, will be key. Communities were instrumental to overcoming EVD, and this force should be leveraged. I would also like to acknowledge the Start Free, Stay Free, AIDS Free initiative to ensure that children and adolescents start life without HIV, stay HIV-free and live without AIDS. The catch-up plan will enable us to achieve those goals, which are essential for the future of our children and for the economic development of our continent.

In order to achieve this, it is important, among other things, that we make better use of available funding, but also to plan for predictable and long-term financing. By combining our efforts on HIV treatment and prevention, and our own commitment and international solidarity, we will achieve the objectives of the catch-up plan.

Alpha Condé

President of Guinea

Chairperson of the African Union

The year 2016 was pivotal, with the adoption of the United Nations Political Declaration on Ending AIDS, which stated firmly that ending the AIDS epidemic as a public health threat by 2030 is possible and achievable. The Political Declaration reinforced the commitments made by the African Heads of State in the 2013 Declaration adopted at the African Union Special Summit on HIV/AIDS, Tuberculosis and Malaria to end these three epidemics by 2030.

Despite the progress made in 2015, western and central Africa still faces major challenges. It is unacceptable that the region provides access to antiretroviral therapy to only 28% of our people living with HIV, while the global target is to achieve the 90–90–90 targets by 2020.

The New Partnership for Africa's Development (NEPAD), which I chair, fully associates itself with the Political Declaration on Ending AIDS, which aims to facilitate access to antiretroviral therapy, save lives and bring an end to the epidemic.

The western and central Africa catch-up plan is the result of a collaboration between the international community and United Nations Member States. As a champion of the catch-up plan, I commit to having it support our countries in the region to contribute to this unique effort, to end the AIDS epidemic and to realize a tremendous opportunity to advance the achievement of the Sustainable Development Goals.

Macky Sall

President of Senegal

Chairperson of the Steering Committee of Heads of State and Government of the New Partnership for Africa's Development

In the past years, we have strived in the Economic Community of West African States (ECOWAS) to accelerate our efforts in order to fulfil our commitments in line with the United Nations Political Declaration on Ending AIDS, achieve the 90–90–90 targets and get on the right track to ending AIDS by 2030.

Our countries have made significant progress in terms of strengthening national response programmes, promoting a more conducive environment for key populations to access health services, addressing the stigma and discrimination faced by people living with HIV, establishing a regional antiretroviral medicine security stock and promoting the local pharmaceutical production of antiretroviral medicines and other essential medicines.

ECOWAS has also collaborated with other organizations, including the Economic Community of Central African States and the UNAIDS Joint Programme, to make the Dakar call for action for paediatric antiretroviral treatment and the elimination of mother-to-child transmission of HIV.

Still, more efforts are required to drive us towards the realization of the 90–90–90 targets and we need to redouble our efforts to shift to a new trajectory. This is what the western and central Africa catch-up plan to accelerate the HIV response aims to achieve.

I have full confidence that the western and central Africa catch-up plan, and the joint efforts and solidarity among countries and the international community, will take us to our objectives and contribute to ending AIDS by 2030.

Ellen Johnson Sirleaf

President of Liberia

Following the 2016 United Nations Political Declaration on Ending AIDS, countries agreed to a historic agenda to accelerate efforts towards ending the AIDS epidemic by 2030. However, despite the political will and the material, human and financial resources, we face a major challenge: more than half of people living with HIV in western and central Africa still have no access to antiretroviral therapy.

In order to accelerate the AIDS response and prevent a resurgence of the HIV epidemic in our region, the catch-up plan for western and central Africa has been developed.

This catch-up plan provides us today with a tool to bring together the scientific progress, the societal advances and our political commitment, and translate these into concrete benefits for our people living with HIV and our populations at large.

Today, we have all the necessary ingredients to end the AIDS epidemic as a public health threat and make it a thing of the past. Today, it is up to us to make the most of these tools, and one of these is to invest in the community-based approach for HIV services delivery. This is required to accelerate our actions on the ground and to reinforce our achievements for a health system that is more efficient and sustainable.

We must focus our efforts on the catch-up plan to bring us up to the same speed as those countries already on the right track for us to achieve the 90–90–90 targets by 2020 and end the AIDS epidemic by 2030.

Ali Bongo Ondimba

President of Gabon

President of the Economic Community of Central African States

We must pay close attention to western and central Africa. It is being left behind. We must make sure that political leaders mobilize and focus their energies in these countries to triple the treatment initiation rate within three years. It is so important that we do not accept a two-speed approach in Africa.

Michel Sidibe

Executive Director, UNAIDS

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INTRODUCTION

At a time when the global response to HIV is accelerating, millions of people in western and central Africa are being left behind.

- While the world witnesses significant progress, with 57% of all people living with HIV knowing their HIV status, 46% of all people living with HIV accessing treatment and 38% of all people living with HIV virally suppressed in 2015, the western and central Africa region lags behind, achieving only 36%, 28% and 12%, respectively, in 2015.[1]

- The gap is considerable: 4.7 million people living with HIV are not receiving treatment, and 330 000 adults and children died from AIDS-related illnesses in 2015.[2]

At the 2016 United Nations High-Level Meeting on Ending AIDS, held in New York, United States of America, which resulted the **Political Declaration on Ending AIDS**, the Chairs of the Assemblies of Health Ministers of the Economic Community of West African States and the Economic Community of Central African States, UNAIDS and partners called for an urgent response that supports countries in western and central Africa in reaching a trajectory to meet the Fast-Track Targets by 2020.

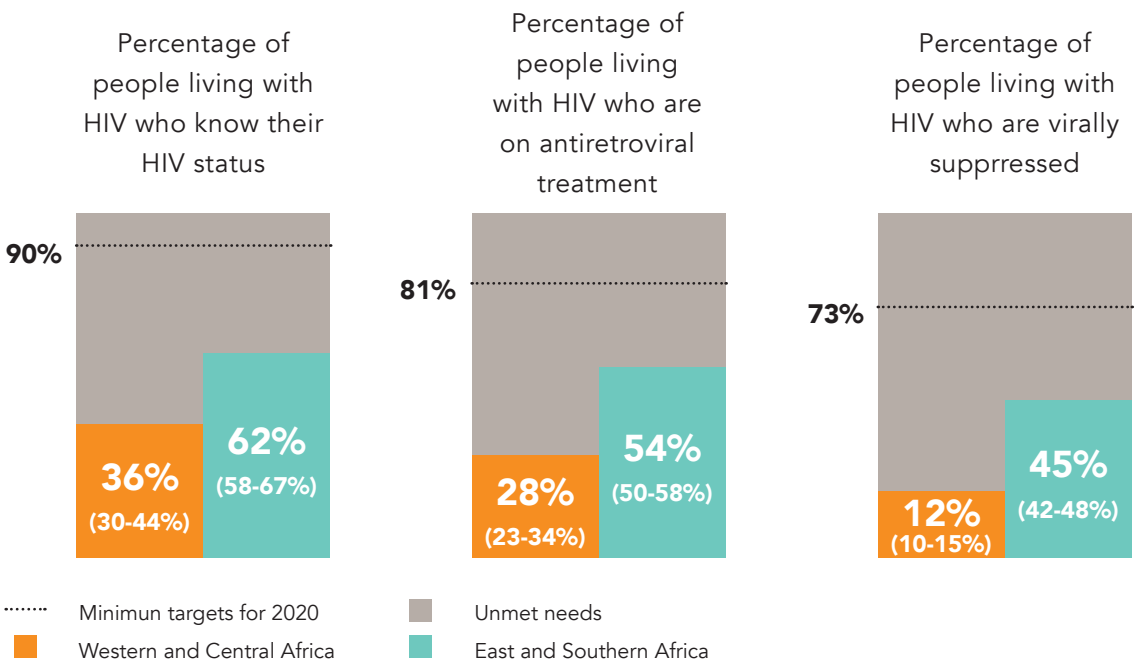
An African Union Summit in July 2016 backed the **AIDS Watch Africa** report that welcomed the 2016 Political Declaration on Ending AIDS, and it also reiterated the critical importance of addressing the insufficient progress in reducing AIDS-related deaths and new HIV infections, as well as the elimination of mother-to-child transmission of HIV in western and central Africa.

A year later, at least 10 countries (Benin, Cameroon, the Central African Republic, Côte d'Ivoire, the Democratic Republic of the Congo, Guinea, Liberia, Nigeria, Senegal and Sierra Leone) are implementing country operational plans deriving from the western and central Africa catch-up plan and tangible progress is witnessed in terms of the desired policy changes and structural changes, but the speed is yet to be optimal and the new trajectory is yet to be attained.

WHY DOES WESTERN AND CENTRAL AFRICA NEED A CATCH-UP PLAN?

In the 25 countries of western and central Africa, 6.5 million people were living with HIV at the end of 2015, including 500 000 children. The region accounts for 18% of the global HIV burden, despite having only 6% of the global population. The epidemic is especially acute for women, who comprise 54% of adults living with HIV. HIV prevalence (15 – 49 years) was 2.6% among females and 1.8% among males at the end of 2015. In region, 3.7 million children have been orphaned by AIDS.

Western and central Africa has an HIV treatment gap of 4.7 million people.2 Only 1.8 million people living with HIV were on antiretroviral therapy at the end of 2015—an overall coverage

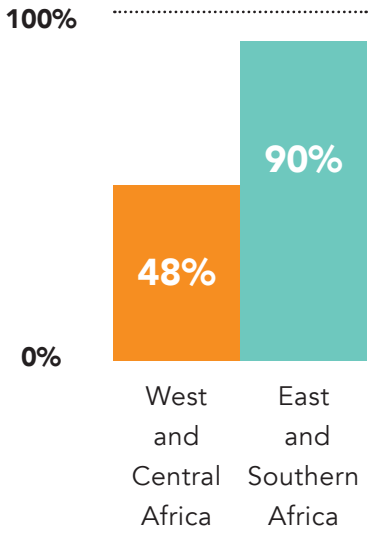


of 28% (20% among children and 29% among adults). This sharply contrasts with eastern and southern Africa, which had a treatment coverage of 54% in 2015.[1]

Key populations are disproportionately affected, accounting for 27% of the people newly infected with HIV in western and central Africa.2 In 2015, HIV prevalence in western and central Africa was 17% among men who have sex with men, 16.5% among sex workers and 6.5% among people who inject drugs.[1]

The differences between western and central Africa and eastern and southern Africa are also striking when it comes to mother-to-child transmission of HIV. While nine in 10 pregnant women have access to treatment in eastern and southern Africa, only five women in 10 do in western and central Africa, despite there being fewer people living with HIV in the region.

Prevention of mother-to-child transmission



WHAT ARE THE BARRIERS AND KEY OPPORTUNITIES?

BARRIERS

A number of barriers have been identified in the region that hinder access to services. The impact of these barriers varies by country, and a differentiated approach based on the country context is being adopted to address these:

- **Political complacency, weak ownership and coordination and low domestic funding** of the response to HIV are widespread across western and central Africa. Without renewed and strong political leadership, it will be difficult to sustain momentum for the HIV agenda and increase domestic investment.

- **Weak health systems, including the over-medicalization of HIV service delivery, and inadequate decentralization of health services,** with little focus on community participation and community service delivery across the continuum of care and treatment, pose significant barriers to accessing services and the quality of care. Weak procurement and supply management systems lead to frequent commodity stock-outs and weaken the delivery of HIV services.

- The widespread policy of **user fees for health care** (such as for certain medicines, laboratory testing and hospitalization), combined with other out-of-pocket costs and long waiting times and discrimination at health-care settings, further hinder universal access to health care.

- **High levels of stigma and discrimination,** high rates of gender-based violence (including in conflict and emergency situations) and gender inequities are **reducing access to health care and HIV services.** Punitive laws and policies, and exposure to violence and discrimination, deter key populations from fully using the available services.

- **Limited donor base** and challenging relationships with some donors place countries in the region in difficult positions, and often lead to underutilization of important external resources, including because of low capacity and the challenging operating environments in several countries. AIDS investment depends excessively on international resources.

OPPORTUNITIES

Several factors support the catch-up plan:

- The 2016 World Health Organization (WHO) consolidated guidelines on the use of antiretroviral medicines for treating and preventing HIV infection recommend a test and treat all approach.

- There are 850 000 people, including children, who have already been screened and know their HIV status but are not yet receiving treatment.

- Commitments, including on the Start Free, Stay Free, AIDS Free initiative, have already

been made to eliminate mother-to-child transmission of HIV.

- There is known synergy between HIV and tuberculosis (TB) programmes.
- Existing models for community service delivery and differentiated care and support have proven effective and have leveraged an increasing involvement of community health workers.
- Innovative testing models have proved their efficacy and acceptability, including self-testing and community testing. Better synergies with TB and the viral hepatitis programmes can also increase testing performance.
- Local philanthropy is not yet a fully exploited opportunity.

WHAT IS THE CATCH-UP PLAN?

The western and central Africa catch-up plan is a political instrument and a compact between countries and the international community that supports countries' strategies and plans to quickly address bottlenecks, accelerate the national responses and reach a trajectory to achieve the 90–90–90 targets by 2020. Deriving from the western and central Africa catch-up plan, the country plans are supplementing national strategies and existing plans with the aim of increasing antiretroviral treatment uptake and saving lives.

The short- to medium-term actions of the country plans are primarily funded through existing country grants. In addition to this, supplementary funding is being negotiated with partners and countries are renewing domestic commitments.

In this compact, partners and countries committed to a two-phase approach and as a result more than 10 countries are now implementing a national catch-up plan.

The implementation approach includes:

- Implementing catch-up country plans up to the end of 2018.

- Focusing on rapidly reducing mortality and new infections by initiating treatment.
- Phasing in implementation across the region.

The first phase started in late 2016 and focused on eight countries:

- Four countries (Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo and Nigeria) with significant shares of people newly infected with HIV and dying from AIDS-related illnesses in the region, comprising more than 75% of the burden and having treatment coverage less than 36%.
- Three countries (Guinea, Liberia and Sierra Leone) with weak health systems that were exposed during the Ebola outbreak and have an urgent need to Fast-Track their HIV response.
- One post-conflict country with fragile communities (the Central African Republic).

The second phase has already started and is gradually extending to the rest of the countries with the following activities: country consultations, identification of barriers and solutions, cross-learning with countries already implementing the plan and the development of respective country plans.

- In this group, a growing number of countries have already expressed a renewed political commitment to accelerate the HIV response in the wake of the catch-up plan and are developing and implementing catch-up plans, in Benin, Burkina Faso, Chad, Equatorial Guinea, Gabon and Senegal.

These country plans address the following crucial success factors:

- Country ownership and political leadership.
- Reconfigured service delivery: task shifting and community service delivery.
- Uninterrupted supplies of commodities: test kits, antiretroviral medicines, early infant diagnosis kits and viral load kits.
- Resources and efficiency.

WHAT ARE THE OBJECTIVES?

- At least 850 000 people, including 60 000 children, diagnosed as living with HIV but not yet enrolled in care will receive sustained high-quality antiretroviral therapy by mid-2018. This is an estimated 65% of the number of previously tested but untreated people living with HIV.
- An additional 250 000 people living with HIV, including 60 000 children, have been newly tested, know their HIV-positive status and are linked to sustained high-quality antiretroviral therapy by mid-2018.
- An additional 100 000 pregnant women living with HIV will receive sustained high-quality antiretroviral therapy.

WHAT ARE THE TASKS AND OUTCOMES?

1. COUNTRY OWNERSHIP AND LEADERSHIP

Renewed country ownership and clearly demonstrated leadership are taking place and gradually introducing the required policy changes and providing the necessary resources to reach the ambitious targets of the catch-up plan. All first-wave countries have held thorough country discussions and the country catch-up plans are endorsed at the highest technical and political levels.

Outcomes

- The respective heads of state endorse the country plan and the needed policy and resource changes.
- Health ministers immediately implement the needed policy changes, including task shifting, differentiated care models and community service delivery.
- At least three regional economic communities or regional organizations (the Economic Community of West African States, the Economic Community of Central African States, the West African Economic and Monetary Union and the Central African Economic and Monetary Community) have endorsed and provided support to the western and central Africa catch-up plan.

Tasks

- Implementing joint high-level advocacy and briefings by UNAIDS, WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief (PEPFAR), the French Development Agency and relevant partners.
- Identifying leaders to act as regional champions to support advocacy in the region.
- Advocating with regional and international entities to endorse and allocate resources to countries to implement the catch-up plan.

2. SERVICE DELIVERY

Despite some tangible progress, more efforts are required for service delivery to be reconfigured with a strong location–population focus and expanded community service delivery to accelerate services. Ensuring that everyone with TB is tested for HIV and all people living with HIV are screened for TB will reduce mortality. Increased capacity in HIV, health and human rights will mitigate stigma, discrimination and violence-based barriers to accessing HIV services.

Outcomes

- The 2015 and 2016 WHO consolidated guidelines on HIV testing services, including community testing, on the use of antiretroviral medicines for treating and preventing HIV infection and self-testing have been implemented.
- Task shifting, differentiated care models and community service delivery have been designed and implemented.

- Synergy has been reinforced between HIV and TB programmes, including adherence support, continuous high-quality medicine supply and treatment literacy.

- Community monitoring systems, such as community observatories, have been established to report on the availability of medicines, medical supplies, service delivery free of user charges and improved quality of care.

Tasks

- Providing technical support to implement innovative care models, including task shifting, simplifying care and community service delivery.

- Supporting a location–population approach, accelerating the priority of testing, linkage to treatment and adherence support for the most affected communities.

- Giving priority to and expanding HIV testing among people with TB.

- Mapping community organizations, including associations of people living with HIV and the private sector, and coaching and training community workers and the private sector on innovative models of care and community service delivery.

- Developing capacity for HIV, health and human rights for law enforcement agents and health-care workers.

- Designing and implementing community monitoring systems for commodity stocks, service fees and quality of care

3. PROCUREMENT AND SUPPLY MANAGEMENT

Immediate measures are further required to supply commodities, including medicines and test kits, to enable HIV testing and treatment to be rapidly expanded. As such, a total of US$ 20 million has been reprogrammed in existing Global Fund grants to cover antiretroviral therapy needs. New funding from PEPFAR has also been negotiated by countries, and the new road map for the ECOWAS antiretroviral therapy security stock has been developed, and in the longer term, procurement and supply management systems need to be strengthened.

Outcomes

- An uninterrupted supply of commodities (HIV tests, viral load kits, early infant diagnosis and antiretroviral medicines) at the facility level for the next 18 months.

Tasks

- Quantifying the commodity needs and gaps in the eight priority countries.

- Facilitating high-level negotiations with government and key partners (PEPFAR, the Global Fund, the West African Health Organization and development partners) to establish a sufficient emergency commodity stock for the next 18 months and an effective distribution system.

- Exploring the best ways to strengthen the existing procurement and supply system (capacity, distribution and management) with governments, partners and the private sector.

- Establishing a rapid response mechanism to respond to potential stock-outs based on community reporting.

4. FUNDING

Two major constraints were analysed: international funding for AIDS in the western and central Africa region has constantly declined and domestic funding has plateaued in most of the countries. Moreover, several countries have recently faced a low capacity to absorb the Global Fund resources available. This is often due to weak capacities in management, complex institutional arrangements and structural health systems weaknesses.

In the past six months, some progress has been witnessed in terms of domestic funding for the AIDS response, and countries such as Sierra Leone has significantly improved their grant absorption capacity.

Outcomes

- Resources are available for immediately expanding testing, treatment and adherence support in at least the eight priority countries.
- Existing funding is effectively disbursed to fund-related activities
- Testing, treatment and care services are free of charge in the eight priority countries.

Tasks

- Facilitating negotiations between countries and donors (such as the Global Fund, PEPFAR) to immediately reprogramme existing grants to implement the catch-up plan.
- Support countries in drafting their funding request for 2018–2020 to the Global Fund and the articulation with the country operational plans in six eligible countries, in correlation with the catch-up plans and Fast-Track approach.
- Provide technical support to countries to remove the urgent bottlenecks.
- Coordinating with PEPFAR, the Global Fund and other development partners to ensure a unified approach at the country level.
- Exploring with development partners the flexibilities for specific and/or additional allocations to support the catch-up plan.
- Support countries in diversifying their investments for AIDS and optimizing existing funding.
- Support countries in innovative approaches for domestic resource mobilization (tax levies, bonds, AIDS funds, private sector involvement).
- Discussing and negotiating HIV treatment services that are free of charge with government and development partners.

WHAT HAS ALREADY BEEN ACHIEVED?

Ending AIDS and the country planning initiated in October 2016, some preliminary but important progress has been witnessed in each of the four areas.

1. ACHIEVING POLITICAL COMMITMENTS

- Five heads of state are champions of the western and central Africa catch-up plan (the heads of state of Gabon, Guinea, Liberia, Nigeria and Senegal).
- More than 10 countries have designed and implementing a catch-up plan to speed up implementation by tackling key local barriers.
- These plans were developed by the local national AIDS commission and approved by the highest political authorities.

2. POLICIES ADOPTED TO "CHANGE WAYS OF DOING BUSINESS" AND ALIGNED WITH THE WHO 2016 GUIDELINES ON HIV TREATMENT.

- Twelve countries have adopted test and treat for all people diagnosed with HIV:

Test and treat all adopted and implemented	Côte d'Ivoire, Cameroon, Central African Republic, the Democratic Republic of the Congo, Gabon, Guinea, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo

- Task shifting guidelines implemented: 13 countries

Physician to nurse	Burkina Faso, Chad, Côte d'Ivoire, Gabon, Mauritania, Senegal
Nurses to community lay workers	Cameroon, Central African Republic, the Democratic Republic of the Congo, Guinea, Nigeria, Sierra Leone, Togo

- Community actors are being involved across the region in the AIDS response:
  - HIV testing (17 countries).
  - Linkage to care (19 countries).
  - Improving treatment literacy (16 countries).
  - Treatment delivery (three countries).
  - Efforts to retain people in care (20 countries).
  - Efforts to improve adherence to treatment (16 countries).
  - Measuring viral loads (two countries).

3. MORE PEOPLE ARE RECEIVING HIV TREATMENT

Preliminary indications from country-reported data received through the Global AIDS Monitoring tool, as of 15 May 2017, indicate that many more people across western and central Africa are accessing life-saving HIV treatment.

- There has been acceleration in treatment access across the 12 countries that represent almost 85% of the epidemic in western and central Africa.
- There are still important disparities between countries in the region.
- Strong acceleration in countries such as Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo, and Guinea

	2014	2015	2016	2014–2015 GROWTH	2015–2016 GROWTH
People on antiretroviral therapy	1 303 304	1 502 453	1 759 513 + 257 000	15%	17%

4. FINANCING HAS GROWN

- An estimated total of **US$ 20 million for 2017 from the Global Fund** reprograming reallocation to support the catch-up plan in 12 countries.
- **The Global Fund has allocated almost US$ 1 billion** in 2017–2019 for countries in western and central Africa to support the catch-up plan.
- Domestic funding has grown in some countries. There were strong efforts from countries such as Côte d'Ivoire (400% increase), Nigeria and Senegal to increase domestic funding.

HOW MUCH WILL IT COST?

The following are the assumptions about the average unit costs for antiretroviral therapy, services for preventing mother-to-child transmission of HIV and HIV testing and counselling in the eight priority countries in western and central Africa.

- The cost of antiretroviral therapy is US$ 350 per person per year, assuming US$ 136 for antiretroviral medicines, US$ 71 for laboratories and US$ 143 for service delivery.[1]
- The cost of services for preventing mother-to-child transmission of HIV per woman per birth is US$ 500.[2]
- The cost of testing is US$ 700 per person testing HIV-positive.[2]
- The cost of training and deploying community health workers is US$ 3500 per year, including training, salary and support structures, but excluding medicines and supplies.[3,4]

[1] Stover J, Bollinger L, Izazola JA, Loures L, DeLay P, Ghys PD. What is required to end the AIDS epidemic as a public health threat by 2030? The cost and impact of the Fast-Track Approach. PLoS One. 2016;11:e0154893.

[2] Bautista-Arredondo S, Sosa-Rubi SG, Opuni M, Contreras-Loya D, Kwan A, Chaumont C et al. Costs along the service cascades for HIV testing and counselling and prevention of mother-to-child transmission. AIDS. 2016;30:2495–2504.

[3] McCord GC, Liu A, Singh P. Deployment of community health workers across rural sub-Saharan Africa: financial considerations and operational assumptions. Bull World Health Organ. 2013;9:244–253B.

[4] Tani K, Exavery A, Baynes CD, Pemba S, Hingora A. Unit cost analysis of training and deploying paid community health workers in three rural districts of Tanzania. BMC Health Serv Res. 2016;16:237.

HOW TO MANAGE AND MONITOR THE CATCH-UP PLAN?

A partnership mechanism has been established at the global, regional and national levels to support implementation of the catch-up plan. This includes UNAIDS, WHO and other Cosponsors, Médecins Sans Frontières, the African Union Commission, the regional economic communities, the West African Health Organization, civil society organizations, bilateral organizations and other partners.

- Tracking the progress of this plan will be a critical performance function at the country level in collaboration with technical partners and country actors, including civil society. Regular reports will be produced and shared with all stakeholders.
- The performance measures, targets and baselines will be based on agreed country targets and on the data collected, including community data, through real-time monitoring (a situation room) in several countries. These data will be used to shape the political, policy and programmatic dialogue of the countries in the region and ensure programmatic performance.
- A six-monthly report on the implementation of the catch-up plan will be produced and presented to the partners.
- There will be at least one regional-level meeting at the end of each year to review the regional progress and lessons learned and to share best practices.

ANNEX 1: STATUS OF HIV TESTING, TREATMENT AND PREVENTION OF MOTHER-TO-CHILD HIV TRANSMISSION IN WESTERN AND CENTRAL AFRICA COUNTRIES

(END OF 2015 - SOURCE UNAIDS)

	HIV TESTING	ANTIRETROVIRAL THERAPY, ADULTS
	<30% 30-50% >50% NOT AVAILABLE	<30% 30-50% >50% NOT AVAILABLE
Benin		
Burkina Faso		
Burundi		
Cameroon		
Cape Verde		
Central African Republic		
Chad		
Cote d'Ivoire		
Democratic Republic of Congo		
Equatorial Guinea		
Gabon		
Gambia		
Ghana		
Guinea		
Guinea Bissau		
Liberia		
Mali		
Mauritania		
Niger		
Nigeria		
Republic of Congo		
Sao Tome and Principe		
Senegal		
Sierra Leone		
Togo		

ANTIRETROVIRAL THERAPY, CHILDREN	ANTIRETROVIRAL THERAPY 'QUICK WINS'*	PREVENTION OF MOTHER-TO-CHILD HIV TRANSMISSION
<30% 30-50% >50% NOT AVAILABLE	>20% 10-20% <10% NOT AVAILABLE	<50% 50-80% >80% NOT AVAILABLE >80%
<30%	<10%	NOT AVAILABLE
<30%	<10%	>80%
<30%	<10%	>80%
<30%	>20%	>80%
30-50%	<10%	>80%
<30%	>20%	50-80%
<30%	<10%	<50%
<30%	>20%	50-80%
<30%	10-20%	50-80%
<30%	<10%	50-80%
30-50%	<10%	50-80%
<30%	<10%	50-80%
<30%	10-20%	50-80%
<30%	>20%	>80%
<30%	<10%	NOT AVAILABLE
<30%	<10%	50-80%
<30%	10-20%	<50%
<30%	<10%	<50%
<30%	<10%	<50%
<30%	>20%	NOT AVAILABLE
<30%	<10%	NOT AVAILABLE
NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE
<30%	<10%	<50%
<30%	<10%	>80%
<30%	10-20%	>80%

Notes:

- Testing: Estimated percentage of persons living with HIV who know their HIV+ status, 2015.
- Antiretroviral therapy, adults : Estimated percentage of adults living with HIV who are receiving antiretroviral therapy, 2015.
- Antiretroviral therapy, children: Estimated percentage of children living with HIV who are receiving antiretroviral therapy, 2015.
- Antiretroviral therapy 'quick wins'*: Estimated percentage of children living with HIV who know their HIV+ status but are not yet on antiretroviral therapy, 2015.
- Prevention of mother-to-child HIV transmission: Estimated percentage of pregnant women living with HIV who received antiretroviral medicines for preventing mother to child transmission, 2015.

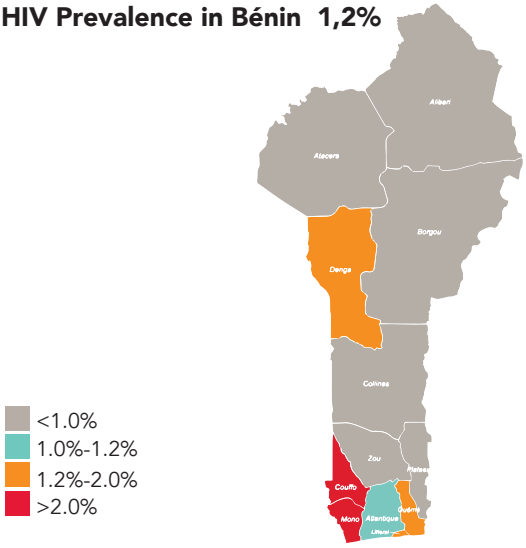
*Quick wins: people living with HIV who have received a test but not yet commenced antiretroviral therapy, who can commence treatment as soon as the 2015 WHO Guidelines on HIV treatment are implemented.

ANNEX 2: COUNTRY FACT SHEETS

BÉNIN

INCREASE BY 35% BY 2018 AND 46% BY 2020 THE NUMBER OF PLHIV UNDER ART

HIV Prevalence in Bénin 1,2%



Population : **10 008 749**

HIV prevalence : **1.2%**

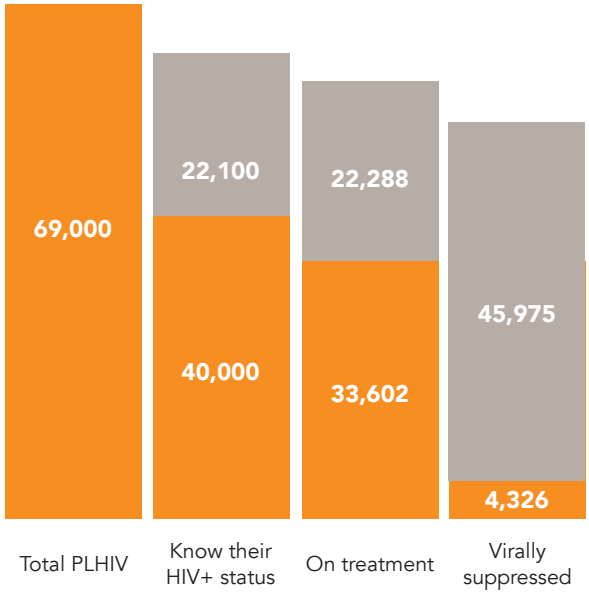
People living with HIV : **69 000** (2015)

New annual infections : **4 200** (2015)

HIV-related annual deaths : **2 800** (2015)

Sources : EDS/Spectrum 2015 /GARP 2016

TREATMENT 90-90-90 CASCADE BY END OF 2015



- 42% of people living with HIV don't know their status.
- 48% of adults living with HIV don't receive any treatment.
- 54% children living with HIV don't receive any treatment.
- Only 6% of people living with HIV have an undetectable viral load.

By 2020, 22 706 additional PLHIV will need to know their HIV status by focusing on the most affected populations: Sex workers, men who have sex with men, people who use injectable drugs, young people and women.

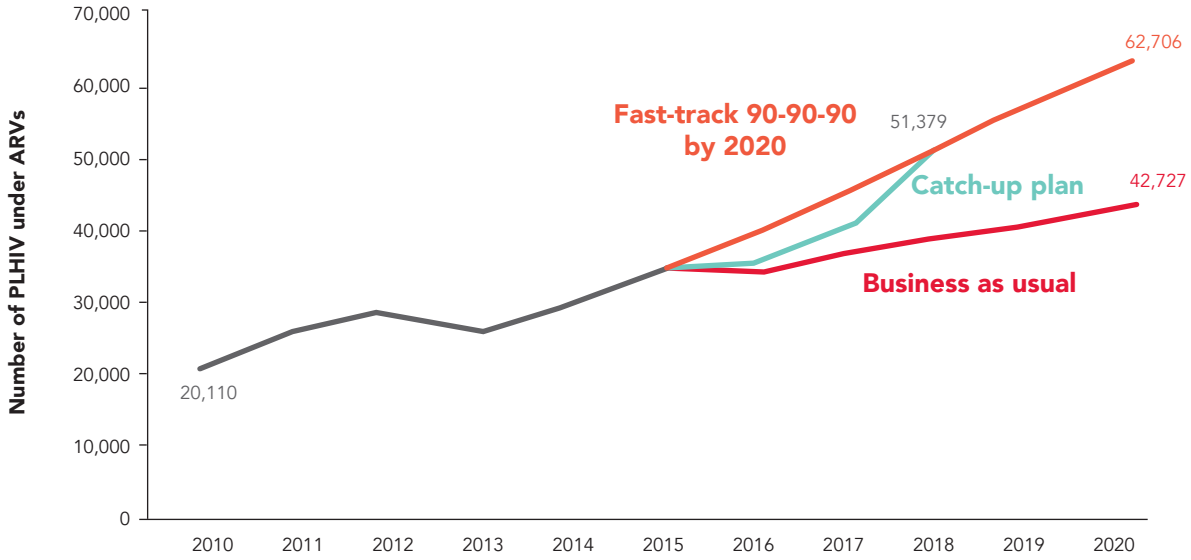
By 2020, 29 104 additional HIV positive adults and 3 360 additional HIV positive children will need to be put on treatment.

TO STAY ON TRACK, BY 2018, BENIN NEEDS TO:

1. 17 777 additional people living with HIV will be put on ARV treatment in Benin;
2. 17 002 additional pregnant women will be treated to reduce the risk of mother to child transmission of HIV with 90% ARV coverage.

The implementation of the catch-up plan will take the number of PLVIH on ARV treatment from 33 602 in 2015 to 51 379 in 2018 and the number of pregnant women tested to 2 million in the period from 2016 to 2018.

SCENARIOS TO INCREASE TREATMENT COVERAGE BY 2020



PROGRESS AS AT MARCH 2017

I. Political commitment

- Ownership by the government of Benin of the catch-up plan 2017-2018 and of the roadmap to reach the (90-90-90) targets in 2020 including departmental versions of the targets.
- Commitment of 11 mayors to a fast-track response to HIV in their cities.

II. Policy reforms and implementation

- Adoption and adaptation of new 2015 WHO recommendations.
- Ministerial order has been taken for the involvement of private clinics in the offer of HIV services.

III. Treatment scale-up

- 4509 new patients put on ARV treatment in 2016 including 165 children.
- 424 577 pregnant women have been tested and 4217 have been put on ARV treatment in 2016.

IV. Funding improvements

- Increase of the national budget for ARV treatment from 2 million to 4 million euros per year.
- 47 % of the catch-up plan of Benin financed by the 2018-2020 cycle of the new funding model of the Global Fund.
- Expression of interest by bilateral partners (France, USAID, Netherlands, Brazil) and the United Nations System to finance the catch-up plan.

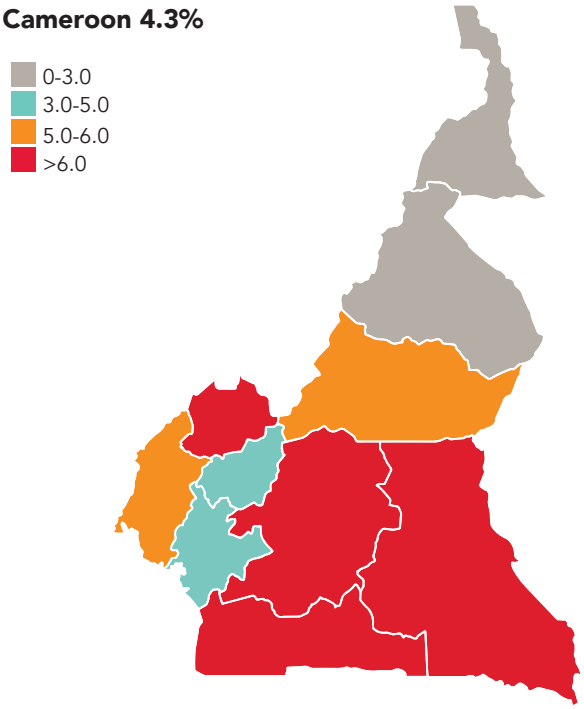
CRITICAL NEXT STEPS

1. Improve access to the offer of HIV testing by the involvement of strategies for community testing and the introduction of new information and communication technologies.
2. Contract private clinics to increase the coverage of services
3. Fast-track access to ARV treatment by targeting PLHIV pre-ART, key populations and vulnerable groups in priority geographical areas.
4. Organize a national annual campaign to measure viral load in all the regions to reduce the gap in viral load;
5. Improve the judicial environment that is repressive for people who inject drugs and sex workers.

CAMEROUN

TRIPLE TREATMENT COVERAGE OF PEOPLE LIVING WITH HIV IN THE NEXT THREE YEARS

Cameroon 4.3%



Population : **23,344,000**

HIV Prevalence : **4.3%***

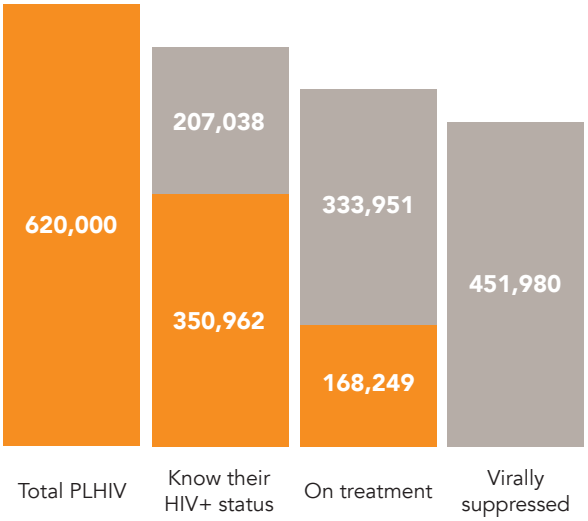
Persons Living with HIV : **585,726**

New infections annually : **32,000**

Annual deaths due to HIV : **33,000**

Sources : EDS/Spectrum 2015 /GARP 2016

TREATMENT 90-90-90 CASCADE BY END OF 2015

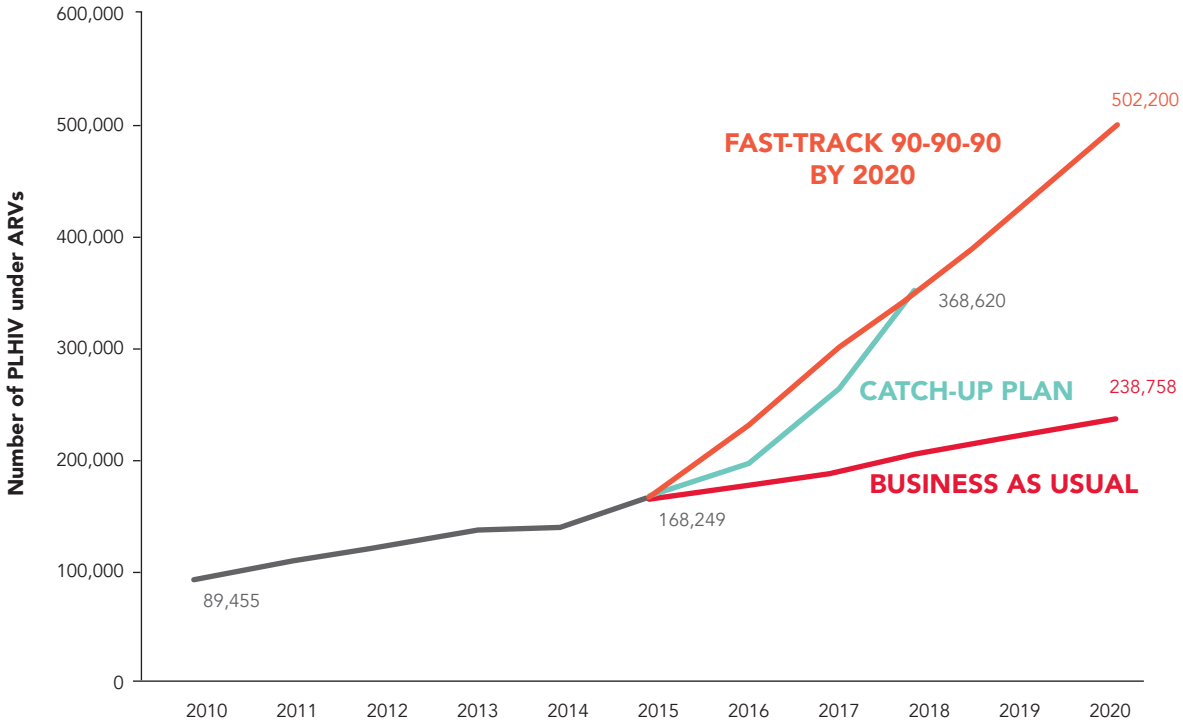


- 175,158 People living with HIV diagnosed but not yet on antiretroviral therapy will be treated
- 37,514 HIV-infected children will be put on treatment
- ARV coverage of HIV-positive pregnant women will exceed 95%: 14,490 additional women will be processed.
- 207,038 new People living with HIV need to be diagnosed and treated

TO STAY ON TRACK, BY 2018, CAMEROON NEEDS TO:

1. Enrol 269,055 PLHIV in ART (Coverage 37% to 80%)
2. Increase ART coverage for children from 19% to 30%

SCENARIOS TO INCREASE TREATMENT COVERAGE BY 2020



PROGRESS AS AT MARCH 2017

I. Political commitment

- Government endorsed the catch-up plan and continued commitment of the First Lady and the Ministry of Health for its implementation

II. Policy reforms and implementation

- Extension of the PMTCT/Option B + in all health facilities; Test and treat and Task shifting and delegation to community under implementation
- Reduction in the price of the viral load testing from 35 to 10 USD per test

III. Treatment scale-up

- 37133 new treatment enrolments since 2015 reaching 205 382 PLHIV on ART
- 1053 health care workers were trained for HIV testing and ART provision.
- 14 CBO have been trained and are dispensing ARV to 913 Patients at community level

IV. Funding improvements

- Leveraging financial support from Global Fund (on going and New Concept note: 90 Million Euros), PEPFAR (COP 17: 46 USD Million) and UNITAID for investing in priority prevention and treatment interventions identify in the catch-up plan

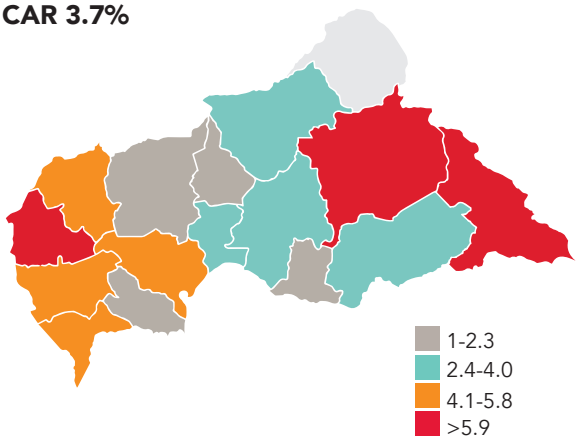
CRITICAL NEXT STEPS

1. Reinforce CBO capacity to scale-up the implementation of differentiated model of care and service delivery in the community and reduce stigma and discrimination
2. Support the implementation of Comprehensive Cities HIV action plan
3. Ensure procurement and supply management systems are strengthened

CENTRAL AFRICAN REPUBLIC

TRIPLE TREATMENT COVERAGE OF PEOPLE LIVING WITH HIV IN THE NEXT THREE YEARS

CAR 3.7%



Population : **4,953,015**

HIV Prevalence : **3,7%**

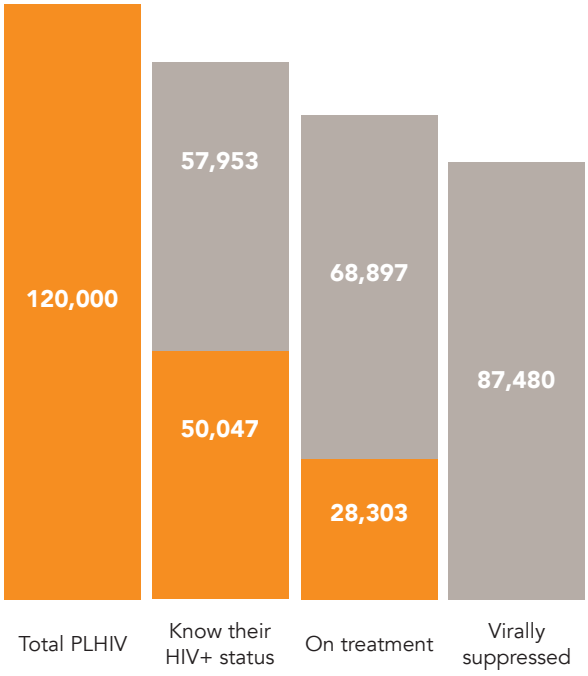
Persons Living with HIV : **120,000**

New infections annually : **7,000**

Annual deaths due to HIV : **7,800**

Source : Spectrum /AIDS INFO/ GARP 2016

TREATMENT 90-90-90 CASCADE BY END OF 2015



- 79,697 additional PL HIV (67%) do not know their HIV+ status
- Almost 8 Adults Living with HIV out of 10 are not receiving life-saving treatment
- 8 Children Living with HIV out of 10 are not receiving life-saving treatment
- Viral suppression and adherence needs to be thoroughly enhanced

By 2020,

79 697 additional PLHIV need to be identified by focusing on commercial sex work, men having sexual relations with other men and other vulnerable populations

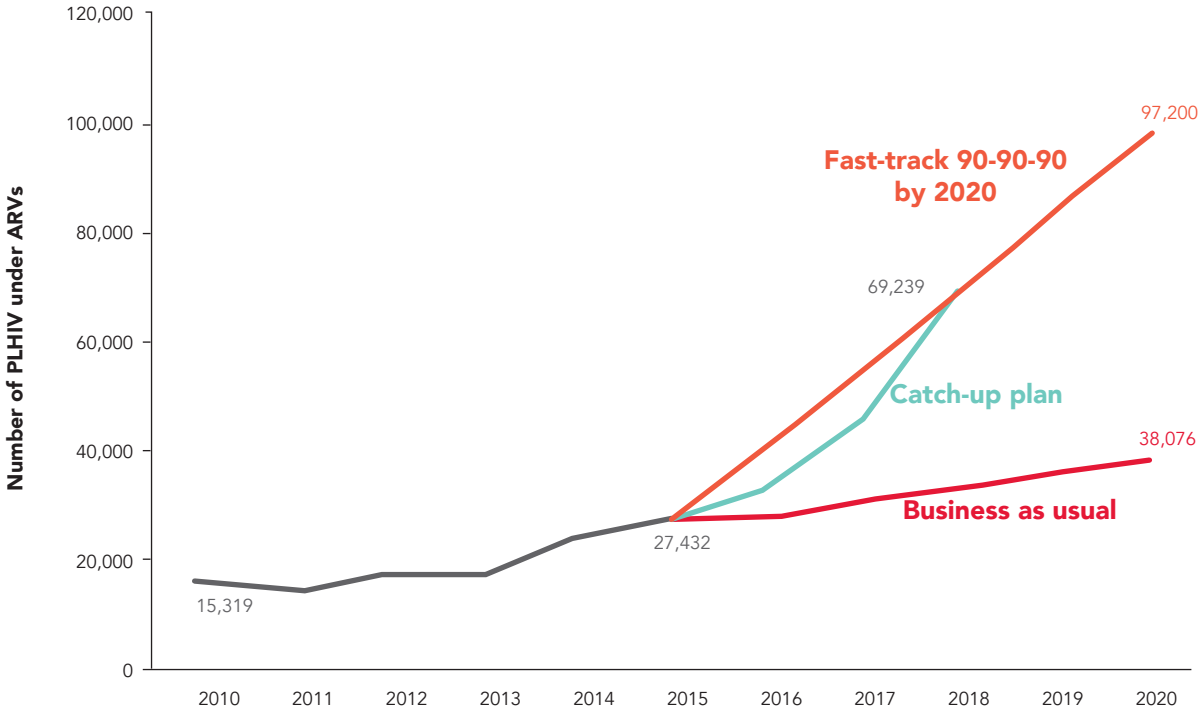
The number of PLVIH to be on ART in the selected sites is 76 760 including 6 395 children in 3 years.

The objective of the catch-up plan for the 18-month period is to put 29 536 patients on ART in 18 months, of whom 21,744 know already their VIH status and are registered in the Pre-ART registers.

TO STAY ON TRACK, BY 2018, CAR NEEDS TO:

1. Identify an additional 20,792 PL HIV in the selected sites
2. Increase the coverage rate for ARV treatment in the selected sites from 22,006 (28.7%) to 51,542 (67%) in the selected sites
3. Increase the coverage rate for ARV treatment of pregnant seropositive women from 1,991 (66%) to 3,491 (100%)
4. Increase the coverage rate for ARV treatment of HIV+ TB patients from 46% to 100%

SCENARIOS TO INCREASE TREATMENT COVERAGE BY 2020



PROGRESS AS AT MARCH 2017

I. Political commitment

High level political commitment on the implementation of the catch-up plan

II. Policy reforms and implementation

Test and Treatment adopted in the country (Partial implementation at Zémio with MSF Holland)

The consolidated guidelines for the use of ARVs for HIV treatment and prevention revised.

III. Treatment scale-up

3 290 new treatment enrolments since 2016

reaching 31 593 adults and children under treatment in December 2016

Stakeholders' consultation held in Bangui during which the government and its partners agreed on the priority actions to be implemented in the 6 cities of the catch-up plan to increase access to life-saving ART.

IV. Funding improvements

1. Budget review of the GFATM grant, taking in account the catch-up plan
2. Global Fund allocation for 2018-2020 for 23 million Euro for HIV

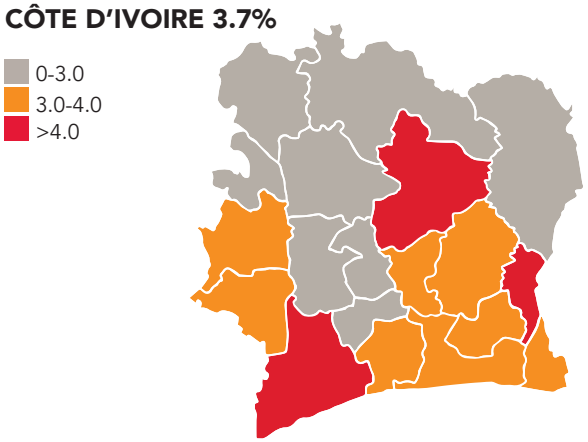
CRITICAL NEXT STEPS

1. Advocacy for HIV funding through Humanitarian Funds and through the funds mobilized for CAR Recovery and Peace Building Plan (RCPCA)) to fulfill the GAP of the Global Fund
2. Scale-up the implementation of Test and Treat as well as the tasks shifting and the differentiated models of care
3. Increase public and community partnerships to accelerate the implementation of the catch-up plan
4. Increase treatment coverage and remove user fees to access HIV treatment
5. Strengthen TB/HIV collaboration

COTE D'IVOIRE

TRIPLE TREATMENT COVERAGE OF PEOPLE LIVING WITH HIV IN THE NEXT THREE YEARS

CÔTE D'IVOIRE 3.7%



Population : **22,702,200** (RGHP 2014)

HIV Prevalence : **3,2%** (AIDS INFO 2015)

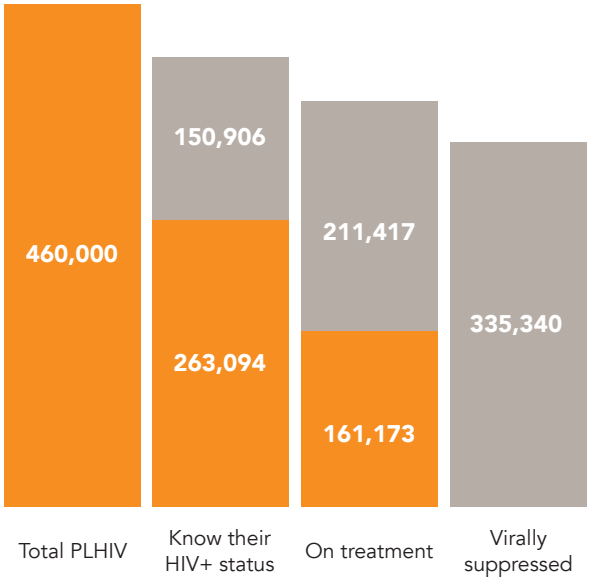
Persons Living with HIV : **460,000** (2015)

New infections annually : **25,000** (2015)

Annual deaths due to HIV : **25,000** (2015)

Source : Spectrum/DHS2012/GARP 2016

TREATMENT 90-90-90 CASCADE BY END OF 2015



- Too many people living with HIV (at least 154,000) are not aware of their status.
- 65% of Adults Living with HIV are not receiving lifesaving treatment
- 76% of Children living with HIV are not receiving lifesaving treatment
- Adherence and Viral load suppression need to be radically improved

So, by 2020, in order to reach 90-90-90 targets:

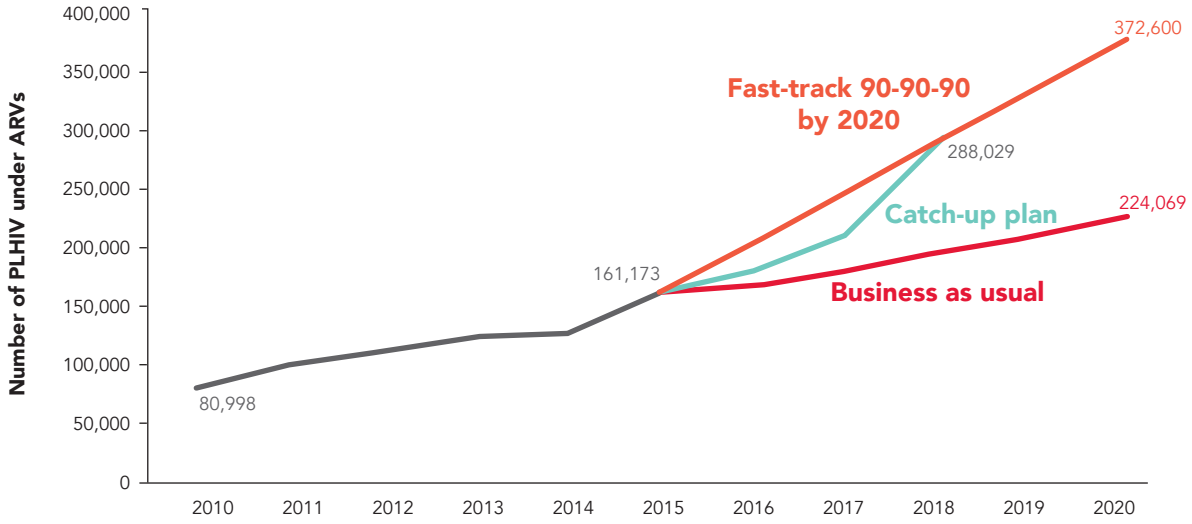
- 150,906 additional Persons Living with HIV need to be identified by focusing on most affected population: commercial sex workers, men having sex with men and intravenous drug users.
- an additional number of 195,000 adults and 16,427 children living with HIV need to be receiving treatment.

TO STAY ON TRACK, BY 2018, CÔTE D'IVOIRE NEEDS TO:

1. 70,000 people living with HIV diagnosed but not yet on antiretroviral treatment be treated
2. 57,000 additional people living with HIV be diagnosed and treated
3. 41,000 of adult persons living with HIV be put on treatment.
4. 16,000 HAVV children be put on treatment. Coverage will exceed 81%
5. An additional 5,975 women be treated so that ARV coverage of HIV-positive pregnant women will exceed 95%.

This plan will bring to 288,029 the number of PLHIV on treatment, including children and seropositive pregnant women on lifelong treatment.

SCENARIOS TO INCREASE TREATMENT COVERAGE BY 2020



PROGRESS AS AT MARCH 2017

I. Political commitment

Joint action from Minister of Health and Minister of Youth & Education. Targeted strategy for male engagement taking into account young men aged from 19 years old.

Renewed commitment of the First Lady, UNAIDS Special Ambassador for e-MTCT and Promotion of Pediatric Treatment. Advocacy for Early Infant Diagnosis/POC.

II. Policy reforms and implementation

Test and Treat adopted and implementation has started

Adoption of differentiated care models for ARV treatment and biological monitoring of "Stable" and "Non-Stable" patients (Adults & Children).

Option B+ & Task shifting for nurses and midwifes under implementation

III. Treatment scale-up

28,300 new PLWH have been enrolled into treatment in 2016, and a total of 178,804 adults and 11,020 children are under treatment in December 2016

IV. Funding improvements

400% increasing of domestic funding from USD 7 Million (2016) to more than 35 Million USD (2017)

Global Fund grant reprogramming has been approved to cover additional treatment needs from 1st Oct. – 31st Dec. 2017

Award of a new Global Fund grant for 2018-2020 (USD 72,6 Million) – under submission process

New PEPFAR grant approved for 2017-2018 (USD 160 Million)

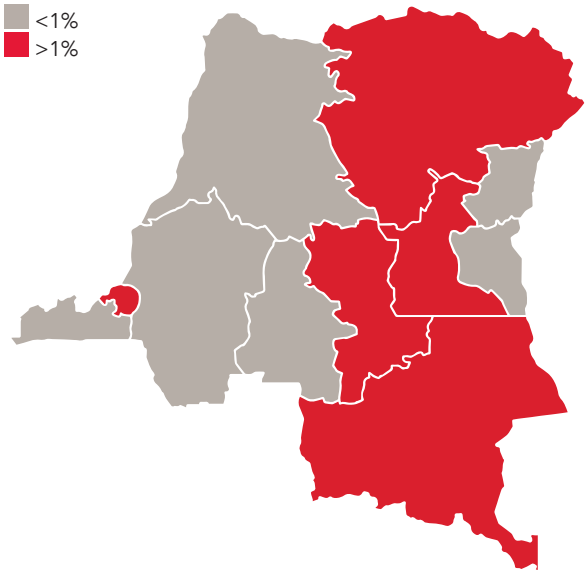
CRITICAL NEXT STEPS

1. Ensure that HIV financial resources committed by the government are effectively released.
2. Ensure the effective implementation of task-shifting including through increased community involvement.
3. Ensure and increase availability of laboratory supplies and medicines.
4. Develop innovative strategies (i) for male engagement (screen and put more men on ARV treatment) and (ii) to reach out to PLHIV aware of their status but lost to follow-up/not in care.

DEMOCRATIC REPUBLIC CONGO

TRIPLE TREATMENT COVERAGE OF PEOPLE LIVING WITH HIV IN THE NEXT THREE YEARS

HIV Prevalence in DRC 0.8%



Population : **77,267,000**

HIV Prevalence : **0.8%**

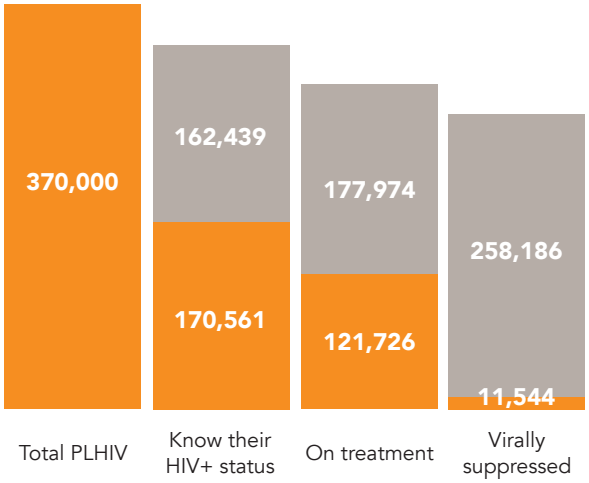
Persons Living with HIV : **370,000**

New infections annually : **15,000**

Annual deaths due to HIV : **22,000**

Source : Spectrum /GARPR 2016

TREATMENT 90-90-90 CASCADE BY END OF 2015



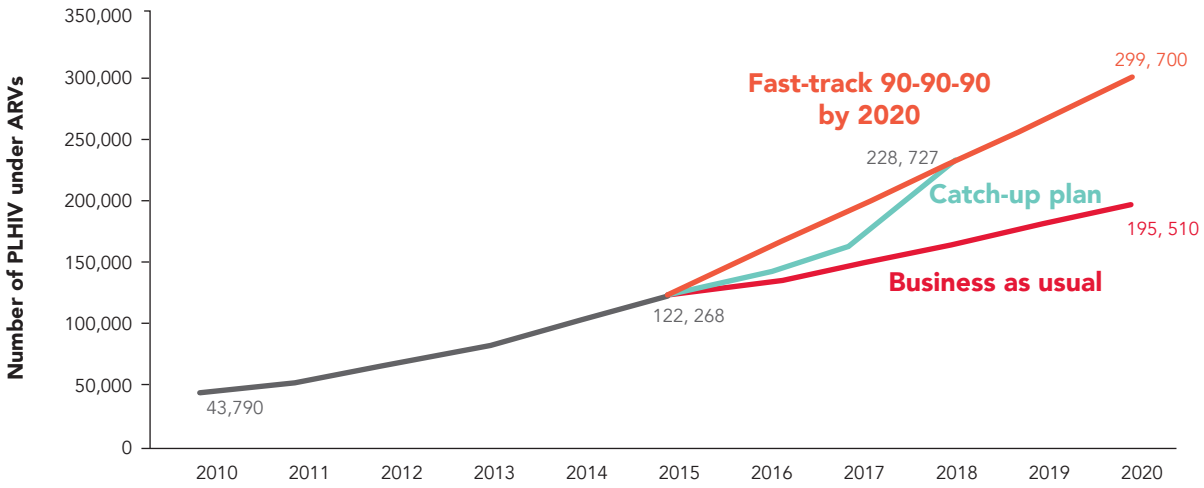
- 7 Adults Living with HIV out of 10 are not on ARVs for the moment and even more so for men.
- 8 Children Living with HIV out of 10 are not on ARVs for the moment.
- Still 3 pregnant seropositive women out of 10 do not have access to ARVs. This leads to some 3,300 babies born with HIV each year.
- 162,439 additional Persons Living with HIV need to be identified.

TO STAY ON TRACK BY 2018, DRC NEEDS TO:

1. Provide HIV testing for up to 1 million more pregnant women, identifying and treating 2.934 newly diagnosed HIV positive women
2. Enrol 80.000 more adults and children on to life saving treatment

This plan will bring the number of PLHIV on treatment to 201.762 and the number of HIV positive women under treatment to 17.400.

SCENARIOS FOR THE INCREASE OF TREATMENT COVERAGE BY 2020



PROGRESS AS AT MARCH 2017

I. Political commitment

EFFECTIVE POLITICAL LEADERSHIP AND COUNTRY OWNERSHIP: In November 2016, the DRC has adopted its Country Catch up plan with the involvement of the civil society and the donors such as the PEPFAR and The Global Funds.

II. Policy reforms and implementation

IMPLEMENTATION OF UNAIDS AND WHO RECOMMANDATIONS :

- The National Strategic Plan has been updated based and aligned with the catch up plan;
- The National AIDS Control Program has adopted and implemented test and treat strategy;
- The task shifting strategy has been adopted and implemented;
- The National EMTCT plan has been updated;
- Infant Early diagnostic mechanism has been updated and scaled up.

III. Treatment scale-up

DRC has accelerated the ARV coverage and treated 34 500 new persons. This tendency confirm that the country will reach the target of 80 000 by June 2018. community level

IV. Funding improvements

The Global Funds has reviewed the PR's performance framework and aligned it on the catch up plan targets

The Global funds has committed to allocate 3 million to support civil society operational plan

The Global funds allocation for 2018- 20120 up to 230 million USD will help to cover the forecasted gap.

The PEPFAR is committed to achieve 62% of the catch up plan targets. Hence 71 million has been allocated to implement the PEPFAR Country operational plan 2017 in DRC.

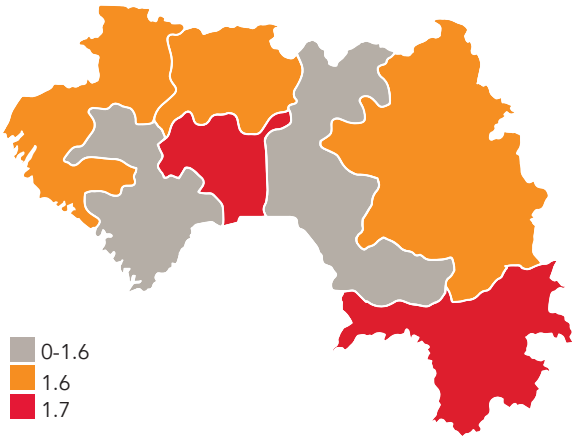
CRITICAL NEXT STEPS

1. Remove the users fees that constitute a barrier to access to HIV prevention and treatment and care services
2. Improve procurement and supply chain management to secure drugs and reagents availability to sustain the catch up plan implementation,
3. Involve the civil society organization by implementing community services delivery models (differentiated care, testing, decentralized distribution of ARTs, adherence).

GUINEA

TRIPLE TREATMENT COVERAGE OF PEOPLE LIVING WITH HIV IN THE NEXT THREE YEARS

HIV Prevalence in Guinea 1.7%



Population : **10,523,261**

HIV Prevalence : **1.7%**

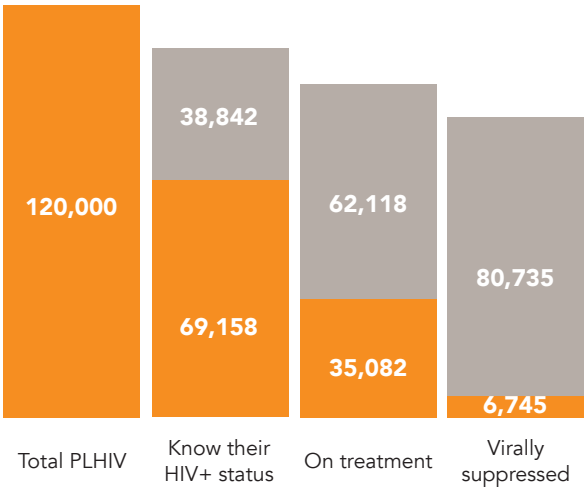
Persons Living with HIV : **120,000**

New infections annually : **7,600**

Annual deaths due to HIV : **4,600**

Source : Spectrum /AIDS INFO/ GARP 2016

TREATMENT 90-90-90 CASCADE BY END OF 2015



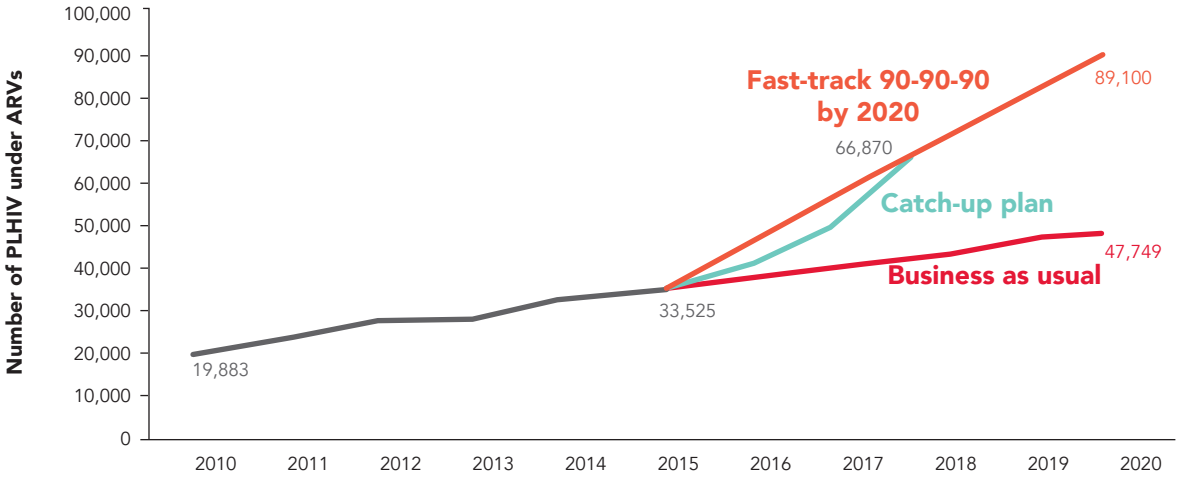
- 34,076 people living with HIV have been diagnosed with HIV but have not yet received antiretroviral treatment.
- More than 7 Adults Living with HIV in 10 are not receiving antiretroviral treatment. 70,164 additional HIV-positive adults should be put on treatment by 2020.
- Nearly 8 children living with HIV in 10 are not receiving antiretroviral treatment. 4,151 additional HIV-positive children must be treated by 2020
- Still 2 out of 10 seropositive pregnant women do not have antiretroviral treatment. This leads to about 500 babies born with HIV each year.

TO STAY ON TRACK, BY 2018, GUINEA NEEDS TO:

1. Provide HIV testing for up to 4,266 CSW, 2,251 MSM, 1,500 inmates, 2,600 people aged 15-49, 11,908 outpatient or hospital patients and finally 2,906 TB patients.
2. Enrol 4,839 pregnant women, 4,500 children, 1,274 HIV+ MSM, 597 HIV+ CSW, 127 HIV+ inmates and all other HIV+ outpatients and hospital or TB patients on to life saving treatment.

This plan will bring the number of PLHIV on treatment to 61,000 by end 2018.

SCENARIOS FOR THE INCREASE OF TREATMENT COVERAGE BY 2020



PROGRESS AS AT MARCH 2017

I. Political commitment

- President Alpha Condé is a Champion of the WCA Catch-Up Plan
- A national catch-up Plan is being implemented
- The architecture of HIV and other health problems is under review

II. Policy reforms and implementation

- Test and Treat implementation initiated
- Task shifting and delegation to community under implementation
- Strategic and operational documents for introduction of 4,000 Community Health Workers have been developed

III. Treatment scale-up

Ongoing active search for 11 908 people living with HIV diagnosed positive, but not yet on antiretroviral treatment

Couples testing and Testing of key populations is on its way

Introduce progressly the care in the private, confessional and associative health centres

Systematic testing introduced since end March in paediatric and nutrition services and in hospitals

R6M (distribution of medicines for 6 months) adopted and implemented

Transport of blood samples for Viral Load testing improved and more efficient use of available testing machines

Improved purchase and distribution chain for HIV-related medical products

Analysis of the chain of PLHIV on treatment planned for May 2017

IV. Funding improvements

Successful Global Fund reprogramming to cover additional costs to increase coverage from 35,000 end 2015 to 61,000 in end 2018.

New Global Fund allocation for 2018-2020 for 40 million USD

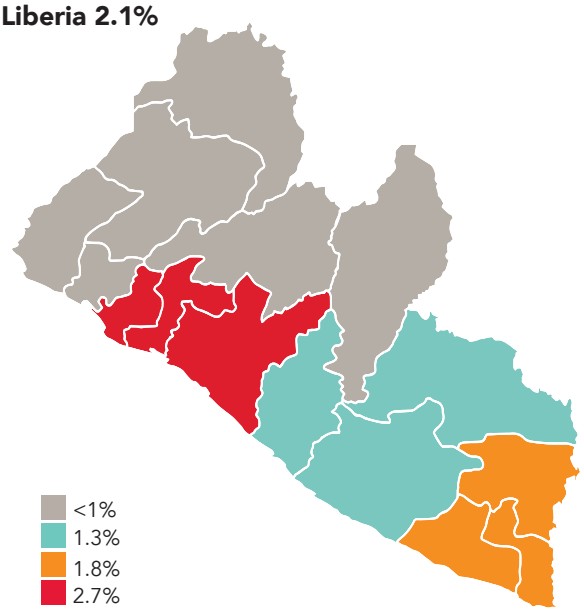
CRITICAL NEXT STEPS

1. Rapidly implement differentiated care service delivery models, including CHW, in the community
2. Ensure procurement and supply management systems are efficient
3. Address stigma and discrimination
4. Finalize Global Fund grant processes for the 2018-2020 grant

LIBERIA

TRIPLE TREATMENT COVERAGE OF PEOPLE LIVING WITH HIV IN THE NEXT THREE YEARS

Liberia 2.1%



Population : **4,503,000**

HIV Prevalence : **2.1%**

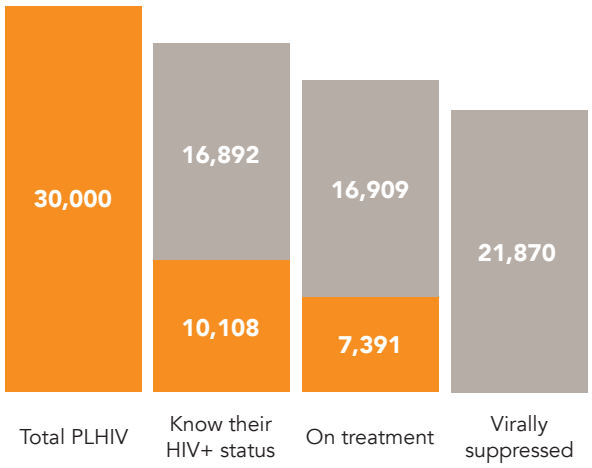
Persons Living with HIV : **30,000**

New infections annually : **1,600** (2015)

Annual deaths due to HIV : **1,900** (2015)

Source : Spectrum/DHS 2013/GARP 2016

TREATMENT 90-90-90 CASCADE BY END OF 2015



- Too many people living with HIV are not aware of their status.
- 56% of People Living with HIV are not receiving life saving treatment
- 500 children children born with HIV every year
- Viral suppression monitoring and adherence needs to be radically improved

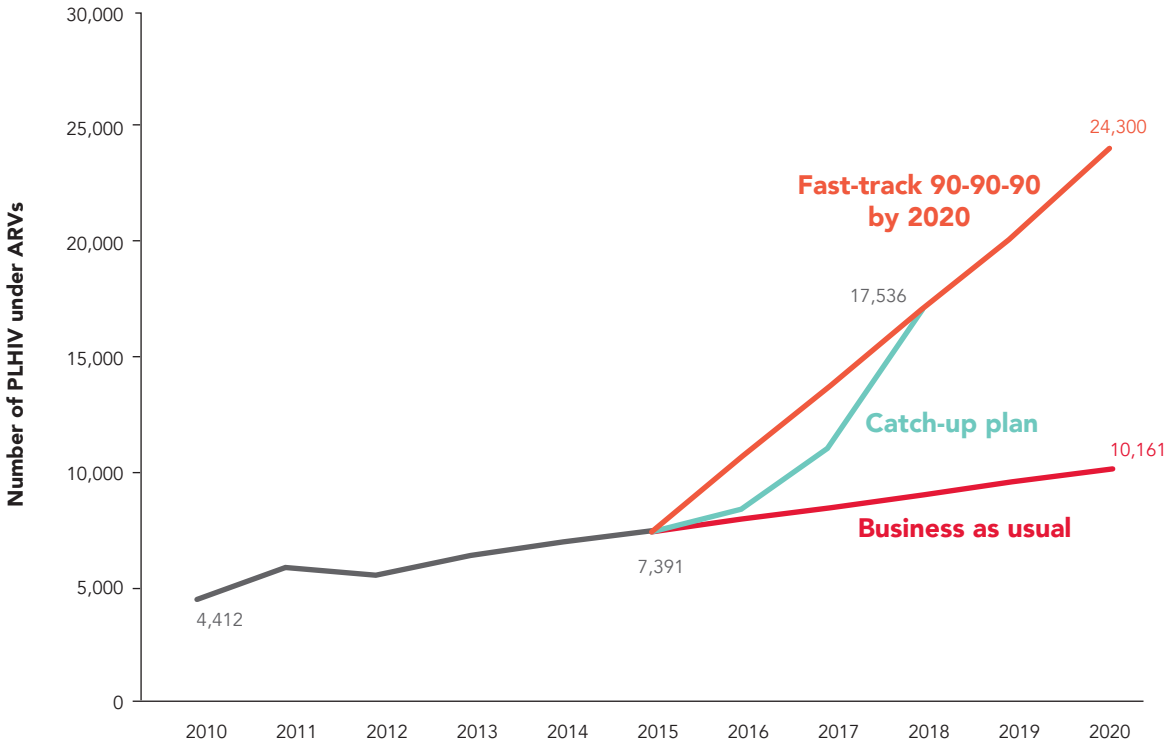
By 2020, an additional 16,909 adults and children need to be receiving treatment.

TO STAY ON TRACK, BY 2018, GUINEA NEEDS TO:

1. Provide HIV testing for 170,000 more pregnant women, identifying and treating 80% of newly diagnosed HIV+ women and ensure all exposed infants are tested for HIV within 6 months.
2. Enrol 9,000 more adults and 1,000 children onto lifesaving treatment

This plan will bring the number of PLHIV on treatment to 16,391.

SCENARIOS TO INCREASE TREATMENT COVERAGE BY 2020



PROGRESS AS AT MARCH 2017

I. Political commitment

Government endorsed the plan and committed to implement the WCA Catch-Up Plan

Regional States played a key leadership in the response

II. Policy reforms and implementation

Test and Treat adopted and implementation initiated

Task shifting and delegation to community under implementation and fully supported by the Minister of Health

III. Treatment scale-up

New treatment enrolments is slow due to weak supply chain management which is being strengthened

IV. Funding improvements

Global Fund remains the largest contributor to the national response.GF allocation for 2018-2020 for 24,844,450 USD million. Absorption capacity needs to be improved.

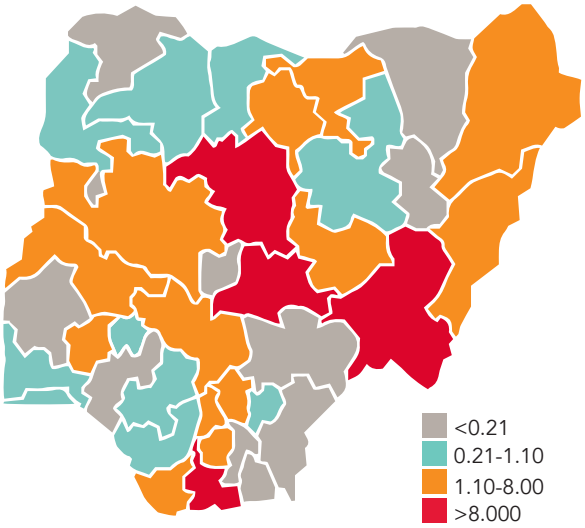
CRITICAL NEXT STEPS

1. Set annual targets in high burden counties, map hot spots and cost the resource gap in the Catch-up plan
2. Overcome professional vested interests and rapidly introduce differentiated care service delivery models in the community focusing on CHAs and volunteers
3. Ensure supply chain management systems are strengthened, especially the "last mile" at county level
4. Address stigma and discrimination

NIGERIA

TRIPLE TREATMENT COVERAGE OF PEOPLE LIVING WITH HIV IN THE NEXT THREE YEARS

HIV Prevalence in Nigeria 3.1%



Population : **182,202,000**

HIV Prevalence : **3.1%**

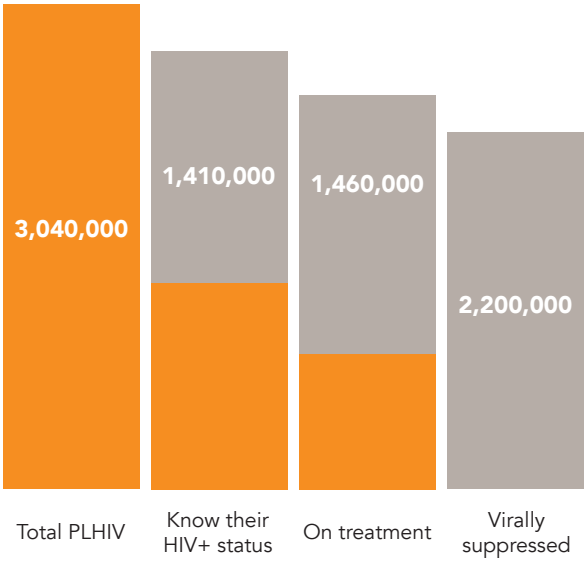
Persons Living with HIV : **3,040,000**

New infections annually : **190,950** (2014)

Annual deaths due to HIV : **148,133** (2014)

Source : Spectrum/DHS 2013/GARP 2016

TREATMENT 90-90-90 CASCADE BY END OF 2015



- Too many people living with HIV are not aware of their status.
- 70% Adults Living with HIV are not receiving life saving treatment
- 70% of children living with HIV are not receiving life saving treatment
- Viral suppression and adherence needs to be radically improved

By 2020, 1,410,000 additional Persons Living with HIV need to be identified by focusing on most affected population: commercial sex work, men having sexual relations with other men and intravenous drug users.

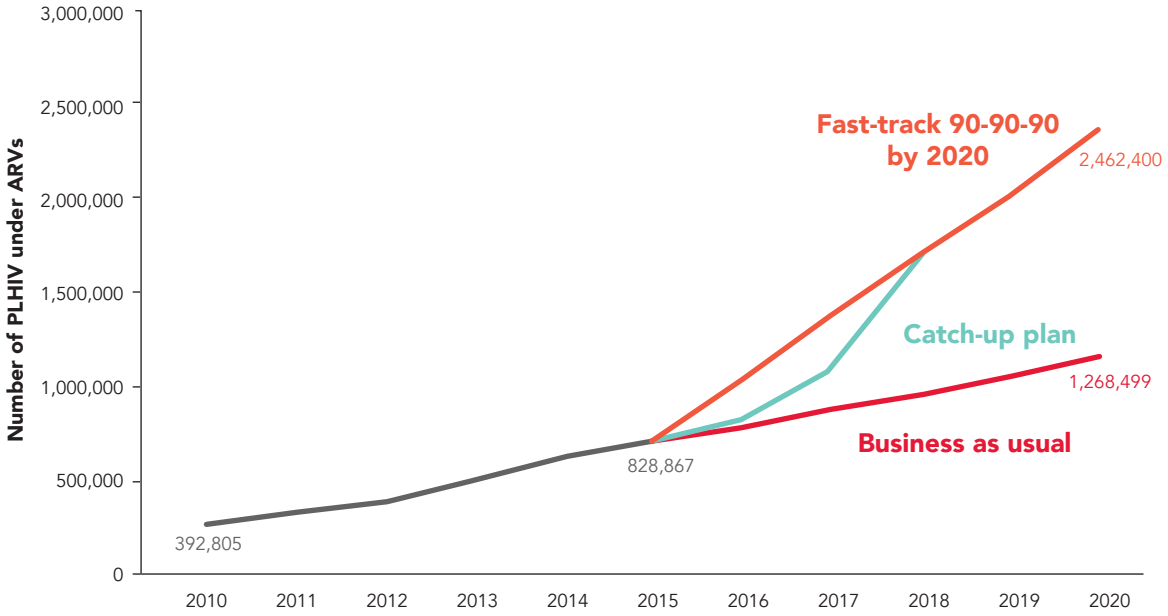
By 2020, an additional 1,460,000 adults and 140,000 children need to be receiving treatment.

KEY FEATURES OF THE EPIDEMIC

1. Provide HIV testing for up to 3 million more pregnant women, identifying and treating 75 000 newly diagnosed HIV+ women
2. Enrol 900,000 more adults and children on to life saving treatment

This plan will bring the number of PLHIV on treatment to 1.5 million and the number of pregnant women tested to 6 million,

SCENARIOS TO INCREASE TREATMENT COVERAGE BY 2020



PROGRESS AS AT MARCH 2017

I. Political commitment

Government endorsed the plan and committed to implement the WCA Catch-Up Plan

Regional States played a key leadership in the response

II. Policy reforms and implementation

Test and Treat adopted and implementation initiated

Task shifting and delegation to community under implementation

III. Treatment scale-up

212,000 new treatment enrolments since 2016 reaching 1 million adults under treatment in march 2017 and 60 000 children

2.7 Million pregnant women tested and 56 000 under treatment

IV. Funding improvements

Additional domestic funding of USD 17 million for 2017

Global Fund reprogramming to cover additional 215,000 treatments

GF allocation for 2018-2020 for 214 USD million and PEPFAR for 383 USD million for 2017-2018

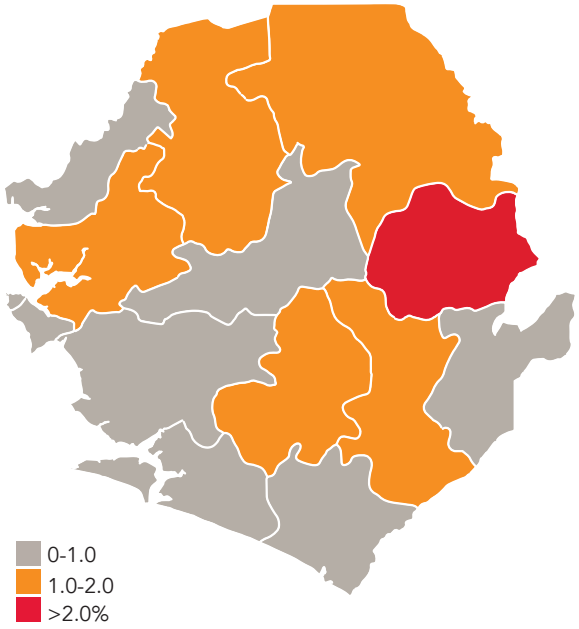
CRITICAL NEXT STEPS

1. Remove user fees – they are a barrier to access to treatment and care and undermine public health goals
2. Overcome professional vested interests and rapidly introduce differentiated care service delivery models in the community
3. Ensure procurement and supply management systems are strengthened
4. Address stigma and discrimination

SIERRA LEONE

TRIPLE TREATMENT COVERAGE OF PEOPLE LIVING WITH HIV IN THE NEXT THREE YEARS

Sierra Leone 1.5%



Population : **7,075,641** (2016)

HIV Prevalence : **1.5%** (2013)

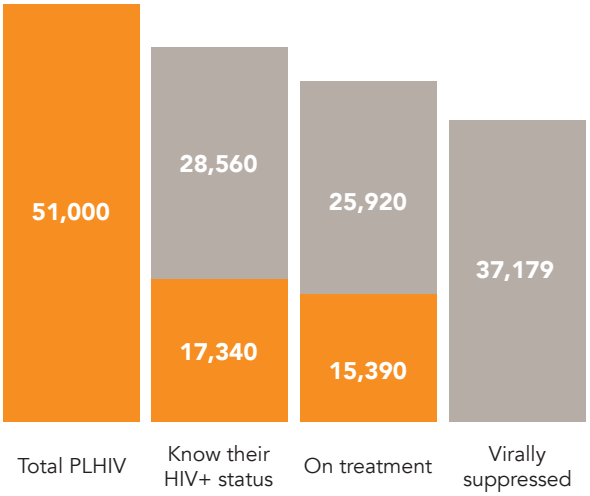
Persons Living with HIV : **51,000** (2015)

New infections annually : **2,200** (2015)

Annual deaths due to HIV : **2,200** (2015)

Spectrum/AIDS Info/GARP 2015

TREATMENT 90-90-90 CASCADE BY END OF 2015



- Test and treat policy approved
- Low high testing, and where tested, not all positives are enrolled into treatment Relative high Pre-ART population
- 71% Adults Living with HIV are not receiving lifesaving treatment
- 90% of children living with HIV are not receiving lifesaving treatment
- 99% of Adults and children have no access to Viral load and EID
- Viral suppression and adherence needs to be radically improved

PROGRESS AS AT MARCH 2017

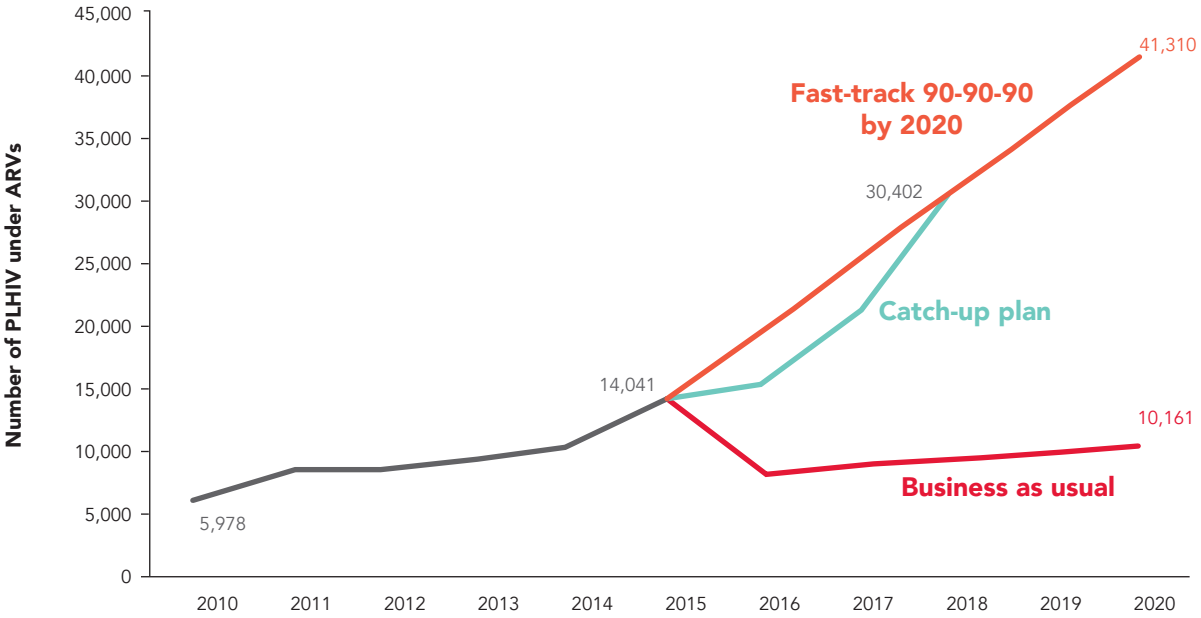
I. Political commitment

Government have endorsed the Catch-up plan at the highest level and secured $4.6 million from Global savings to support its implementation.

II. Policy reforms and implementation

Catch-up steering committee inaugurated by State-house to provide oversight on implementation. Test and Treat adopted and implementation initiated; Task shifting

SCENARIOS TO INCREASE TREATMENT COVERAGE BY 2020



and delegation to community under implementation. AIDS Basket fund approved, Cities Initiative launched. Ccommunity health worker policy launched and funds mobilize to support 3000 CHW from World Bank and Global fund. Public Health approach adopted to address needs of key population leading to the establishment 14 one stop shop centers for FSW, MSM and PWID. Two International technical consultants on key population programme are providing mentorship for the drop-in-centers.

III. Treatment scale-up

Testing increased by 40%, ART enrolment increased by 13%. 2 viral load machines secured and functional in reference laboratory. Six (6) additional EID machines were secured, installed and now functional. An international TA has been secured and in-country to scale up viral load and EID service

IV. Funding improvements

AIDS Basket funding is being considered; Mayors and Councils have committed 1% of their annual allocation at the just concluded launch of the Cities Initiative in Makeni and GF allocation for 2018-2020 for 30 USD million and German development fund 6 USD million

CRITICAL NEXT STEPS

1. Community ART delivery and supported adherence measures
2. Address self- stigma and discrimination among PLHIV
3. Invest on targeted testing with populations with greatest yield
4. Improve on quality of care for e-MTCT and ART services
5. Fast track coverage of life saving interventions among those that need it
6. Invest on VL and EID implementation
7. Establish Situation room for critical SI/M&E results
8. Establish AIDS basket funding instruments and implement domestic resource mobilization strategy recommendations
9. Support Fast track Cities/Councils to accelerate community response to reducing stigma and discrimination and increasing demand creation