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FROM THE AMERICAN PEOPLE

HEALTH PROFILE: WEST AFRICA

HIV/AIDS

West African Countries		
Countries without USAID Missions		
Burkina Faso	**UNAIDS**	**DHS+**
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	300,000	–
Total Population (end 2004)	13,393,000	–
Adult HIV Prevalence (end 2003)	4.2%	1.9%
Cameroon		
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	560,000	
Total Population (end 2004)	16,296,000	
Adult HIV Prevalence (end 2003)	6.9%	5.5%

The HIV/AIDS epidemic in West Africa varies in scope and intensity across the region, both between and within countries. Based on 2003 data, more than six million people in the 19 countries supported by the United States Agency for International Development (USAID) West Africa Regional Program (WARP) are living with HIV/AIDS—more than half of them in Nigeria alone, which has the third-largest epidemic in the world (after South Africa and India). Of the 19 countries, four have national HIV prevalence over 5% (Côte d'Ivoire, Cameroon, Liberia, and Nigeria). Five countries have prevalence of 2 to 5% (Chad, Burkina Faso, Togo, Guinea, and Ghana), and six countries have prevalence under 2% (Benin, Mali, Gambia, Niger, Senegal, and Mauritania). Three countries for which only older data are available (Sierra Leone, Guinea Bissau, and Cape Verde) appear to be in the middle range.

Within countries, prevalence varies widely by geography and in vulnerable populations. Nigeria, for example, has an overall national prevalence of 5.4%, but regional prevalence ranges from 2.3% in the southwest to 7% in the north-central parts of the country. Prevalence among pregnant women, one indicator of prevalence in the general population, ranges widely across Nigeria's states, from 1.2% in Osun to 12% in Cross River. In Côte d'Ivoire, which has the highest prevalence in the region (7%), prevalence in the capital city of Abidjan may have decreased—yet another indication of the wide variation in the epidemic. Although overall prevalence in Togo remains steady, in some urban areas sentinel surveillance among women attending antenatal clinics indicates prevalence is increasing rapidly. Similarly, pregnant women at some sites in Cameroon have prevalence of around 10%, indicating a more serious epidemic than suggested by the overall national prevalence of 6.9%. Overall prevalence in Senegal is under 1%, but prevalence among commercial sex workers is about 17%.

Most of the prevalence figures cited above are from sentinel surveillance sites, often from women receiving prenatal care. In recent years, the Demographic and Health Surveys (DHS) have begun to carry out nationwide HIV testing as part of their random sample. Results in West Africa have mirrored those in Southern and East Africa, where prevalence is found to be lower than that estimated by sentinel surveillance sites, particularly for men. In Cameroon, the 6.9% prevalence estimated from sentinel surveillance data was found to be 5.5% in the DHS, and in Ghana the 3.1% figure was reduced to 2.2% per last year's DHS. The 4.2% figure for Burkina Faso was 1.9% in the 2003 DHS survey. Such surveys are

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West African Countries		
Countries without USAID Missions		
Cape Verde	**UNAIDS**	**DHS+**
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	–	
Total Population (2005 estimate)	418,224	
Adult HIV Prevalence (1988*)	1.4%	
Chad		
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	200,000	
Total Population (end 2004)	8,854,000	
Adult HIV Prevalence (end 2003)	4.8%	
Côte d'Ivoire		
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	570,000	
Total Population (end 2004)	16,897,000	
Adult HIV Prevalence (end 2003)	7.0%	

* from UNAIDS National Response Brief

currently planned for several additional countries during 2005–06, including Niger, Cape Verde, Guinea, and Senegal. For different reasons, some countries, such as Nigeria and Chad, have opted not to include HIV testing in their surveys.

These examples highlight the diverse nature of the epidemic in the region, where even countries with seemingly low HIV prevalence face potentially serious epidemics. High HIV prevalence among key at-risk populations is a harbinger of serious epidemics that are likely to be aggravated by a host of other problems confronting the region, including poverty, unemployment, weak economies, poor infrastructure, conflict, migration, low status of women, and the ongoing exodus of public health and other professionals. The countries of the West African region are among the poorest in the world, with 75% ranking among the world's 25 lowest-scoring in the United Nations Human Development Index (HDI) for 2004. Conflict and instability in the region may contribute to the spread of disease and hamper regional cooperation in addressing health and other issues.

For countries with high HIV/AIDS prevalence, the challenge is to contain the epidemic and provide care and treatment for those already infected. For those with low overall prevalence, the challenge is to address HIV/AIDS prevention and care among high-risk populations to prevent concentrated epidemics from becoming generalized in the wider population. Importantly, combating HIV/AIDS in West Africa—given such cross-border realities as extensive transport routes, migration, and refugee movements—requires both regional and country-level approaches that complement and support each other.

NATIONAL/REGIONAL RESPONSE

High-level political commitment has led most countries in the region to establish national-level multisectoral AIDS councils in the offices of the president or prime minister, although levels of effectiveness and funding vary. One country (Côte d'Ivoire) has established an HIV/AIDS ministry with a multisectoral mandate; others have emphasized outreach to communities and other decentralized structures. Across the region, West African countries coordinate approaches to HIV/AIDS in 15 countries through the Economic Community of West African States and its affiliate, the West Africa Health Organization (WAHO), which receives major support from WARP.

COUNTRY PROFILES

- ***Benin*** (161 HDI) still has relatively low overall HIV prevalence (1.9%). However, HIV prevalence among sex workers in some areas has been found to be more than 40%, suggesting the potential for a more serious epidemic. Benin has integrated HIV/AIDS into its poverty reduction program and has set up the National AIDS Control Committee chaired by the head of state. Benin has a national strategy for the 2002–06 period and has drawn up sectoral and departmental action plans for HIV prevention. Access to treatment is highly limited.

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West African Countries		
Countries without USAID Missions		
Gambia	**UNAIDS**	**DHS+**
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	6,800	
Total Population (end 2004)	1,462,000	
Adult HIV Prevalence (end 2003)	1.2%	
Guinea Bissau		
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	–	
Total Population (end 2004)	1,538,000	
Adult HIV Prevalence (1999*)	2.5%	
Mauritania		
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	9,500	
Total Population (end 2004)	2,980,000	
Adult HIV Prevalence (end 2003)	0.6%	

* from UNAIDS National Response Brief

- ***Burkina Faso*** (175 HDI) has maintained an overall prevalence of about 4% but experiences many conditions that are likely to contribute to accelerating the epidemic. Prevalence among women attending antenatal clinics at five surveillance sites in 2002 ranged from 2.1% to 6.5%. With more than 40% of its population living in absolute poverty, Burkina Faso has limited capacity to contain the potential increase in HIV/AIDS in areas with a high level of migration and refugee displacement from areas of conflict in neighboring Côte d'Ivoire, where prevalence exceeds 5%. (DHS+: 1.9%)

- ***Cameroon*** (141 HDI), with more than half its population below the poverty margin, has one of the worst epidemics in the region, with an overall prevalence of 6.9%. With the release of its National AIDS Control Strategic Plan in 2000, Cameroon made the fight against HIV/AIDS a national development priority. The plan focuses on the prevention of sexual transmission of HIV and other sexually transmitted infections (STIs), blood-borne transmission, and mother-to-child transmission; management of individual cases of HIV/AIDS and protection of the rights and obligations of people living with HIV/AIDS (PLWHA); promotion of research; and improved national coordination. (DHS+: 5.5%)

- ***Cape Verde*** (105 HDI) is a small country consisting of 10 primary islands and five islets. With an adult literacy rate of more than 75% and an average life expectancy of 70 years, it is significantly better off than other countries in the region. Although there has been no recent HIV/AIDS surveillance, it is clear that, at least to some extent, HIV/AIDS is present in the country. Lack of employment means that the majority of residents leave to work elsewhere, returning home at varying intervals. The government has responded with a national strategic plan that includes the following measures: control of STIs, prevention of mother-to-child transmission (PMTCT), surveillance, access to drugs, and care for PLWHA.

- ***Chad*** is a poor country (167 HDI) with a long tradition of domestic and cross-border migration, conflict, and political instability. Its overall prevalence of 4.8% masks wide variations within the country, where prevalence ranges from low in the north, to moderate in the center of the country, to high in the south. Along with migration and conflict, conditions contributing to a continued increase in HIV prevalence include the widespread practice of multiple sex partners, low condom use, female social and economic vulnerability, and limited access to health care and prevention services. The government has shown high-level political support for addressing the accelerating epidemic by earmarking new resources and committing to necessary reforms, particularly decentralization.

- ***Côte d'Ivoire*** (163 HDI) has the highest HIV prevalence in the region (7.0% in 2003) and could experience additional increases in the aftermath of internal conflict and the subsequent population displacement and disruption of health services. Côte d'Ivoire has

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West African Countries		
Countries without USAID Missions		
Niger	**UNAIDS**	**DHS+**
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	70,000	
Total Population (end 2004)	12,415,000	
Adult HIV Prevalence (end 2003)	1.2%	
São Tomé and Príncipe		
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	–	
Total Population (2005 estimate)	187,410	
Adult HIV Prevalence (end 2003)	–	
Sierra Leone		
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	–	
Total Population (end 2004)	5,168,000	
Adult HIV Prevalence (1999*)	2.9%**	

* from UNAIDS National Response Brief
**1.4% according to UNAIDS/WHO Epidemiological Fact Sheet

responded to HIV/AIDS-related aspects of the political crisis by forming a team chaired by the Ministry for AIDS Control. This team includes government ministries (Health and Defense), bilateral and multilateral development partners, national and international nongovernmental organizations (NGOs), and associations of PLWHA. As a "focus" country, Côte d'Ivoire is supported with substantial resources through the President's Emergency Plan for AIDS Relief (Emergency Plan), with the Centers for Disease Control and Prevention (CDC) spearheading U.S. government (USG) efforts there.

- ***Gambia*** (155 HDI), where nearly 60% of the population lives on less than $1 per day, has an already low life expectancy of less than 54 years. Gambia recognizes the need for a multisectoral approach to prevent HIV prevalence from increasing from its current low level (1.2%). The National AIDS Secretariat under the Office of the President coordinates the national response, while five Divisional AIDS Committees monitor local needs.

- ***Ghana*** (131 HDI) has an overall HIV prevalence of 3.1%, with wide regional variation. The government has responded to the epidemic with a national strategic framework plan adopted in 2001 to reduce the spread of HIV infection and mitigate its effect. The plan emphasizes five key priorities: preventing new infections; providing care and support to PLWHA; creating a social, legal, and political environment conducive to stemming HIV/AIDS; decentralizing implementation by working with NGOs and civil society organizations, as well as bilateral and multilateral partners; and conducting research, monitoring, and evaluation.

- ***Guinea*** (160 HDI) has a literacy rate of 41%, life expectancy of less than 50 years, and a national HIV prevalence of 3.2%. Prevalence is considerably higher in some regions and among vulnerable populations such as sex workers (42.3%), truck drivers (7.7%), soldiers (6.6%), and miners (4.7%). Political instability, population migration, and a culture of gender-based violence could contribute to accelerating the epidemic. Guinea has adopted a multisectoral strategic plan for 2003–07.

- ***Guinea Bissau*** (172 HDI) does not have recent surveillance data. Therefore, the precise nature of its HIV/AIDS epidemic is unknown. A very poor country, Guinea Bissau has hundreds of thousands of displaced persons and refugees. Within this context, HIV/AIDS has received less attention than other pressing health and security issues.

- ***Liberia*** (no 2004 HDI rank) has an HIV prevalence of 5.9%. With a life expectancy of less than 50 years, a literacy rate of less than 40%, a health infrastructure in ruins from prolonged civil war, and no sentinel surveillance system, Liberia has little information about its HIV/AIDS epidemic and faces the prospect of further spread of the epidemic because of population mobility and the lack of infrastructure. Nevertheless, the government has demonstrated commitment to addressing the issue through creation of a National AIDS Commission

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West African Countries		
Countries without USAID Missions		
Togo	**UNAIDS**	**DHS+**
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	110,000	
Total Population (end 2004)	5,017,000	
Adult HIV Prevalence (end 2003)	4.1%	
Countries with USAID Missions		
Benin		
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	68,000	
Total Population (end 2004)	6,918,000	
Adult HIV Prevalence (end 2003)	1.9%	1.9%
Ghana		
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	350,000	
Total Population (end 2004)	21,377,000	
Adult HIV Prevalence (end 2003)	3.1%	

chaired by the Ministry of Health and the preparation of a national strategic plan.

- ***Mali*** (174 HDI) is among the poorest countries in the world. Its overall HIV prevalence is 1.9%, although sentinel surveillance shows higher prevalence in urban areas and in areas bordering Burkina Faso and Côte d'Ivoire, as well as among sex workers (29.7%) and truckers (4%). Women are twice as likely to be affected as men. Mali has responded to the epidemic with a multisectoral national strategic plan and important institutional reforms within the public, private, and civil sectors.

- ***Mauritania*** (152 HDI) has the lowest HIV prevalence in the region (0.6%). Although sentinel surveillance has not been established, a study of women attending antenatal clinics found no HIV at five sites and prevalence of 1% at three sites. A highly mobile male population combined with widespread denial could contribute to accelerating the epidemic, but the government has demonstrated awareness of these potential challenges and is providing leadership through the Ministry of Health.

- ***Niger*** (176 HDI), with an HIV prevalence of 1.2%, has the opportunity to take measures to keep prevalence low. Although it is one of the poorest countries in the world, Niger has demonstrated political commitment to HIV prevention by contributing financial resources and developing a plan that focuses on reducing stigma and protecting the human rights of PLWHA; managing STIs; providing information, education, and communication activities; and caring for orphans.

- ***Nigeria*** (151 HDI), with 3.6 million PLWHA, has the largest epidemic in the region, the third-highest prevalence (5.4%), and an estimated one million children orphaned by AIDS. By 2010, Nigeria is expected to have 10–15 million PLWHA. The country is responding by establishing important measures to address the escalating epidemic: the Presidential AIDS Council, chaired by the president, includes all major ministries; the National Action Committee on AIDS, which coordinates the federal response, has support from development partners; 36 state action committees are functioning; and civil society organizations are actively participating. As a "focus" country, Nigeria is also supported with substantial resources through the Emergency Plan, through both USAID and the CDC.

- ***Senegal*** (157 HDI), with HIV prevalence of 0.8%, is considered a model of successful HIV prevention. Early in the epidemic, Senegal undertook significant measures to prevent HIV/AIDS transmission, including condom promotion, sentinel surveillance to determine the scope and spread of the epidemic, confidential counseling and testing, education of sex workers, and integration of HIV into sex education. It also promoted the participation of religious leaders, emphasizing a multisectoral approach that includes government ministries, the private sector, religious and civil society organizations, and PLWHA.

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West African Countries		
Countries with USAID Missions		
Guinea	**UNAIDS**	**DHS+**
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	140,000	
Total Population (end 2004)	8,620,000	
Adult HIV Prevalence (end 2003)	3.2%	
Liberia		
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	100,000	
Total Population (end 2004)	3,487,000	
Adult HIV Prevalence (end 2003)	5.9%	
Mali		
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	140,000	
Total Population (end 2004)	13,409,000	
Adult HIV Prevalence (end 2003)	1.9%	

- ***Sierra Leone*** (177 HDI) has a life expectancy of less than 35 years and a literacy rate of 36%, and has ranked last in the HDI for many years. Data from 1999 suggest HIV prevalence of nearly 3%. Sporadic data indicate increasing prevalence among women attending antenatal clinics, rising from less than 1% in 1989 to 7% in 1996. Prolonged civil war throughout the 1990s led to the displacement of more than one million people and the destruction of infrastructure. In this context of poverty and gender-based violence, the potential for an escalating epidemic is high. High HIV prevalence among combatants (more than 40%, according to one survey) poses severe threats for the general population as soldiers are reintegrated into their communities.

- ***Togo*** (143 HDI) has an overall HIV prevalence of 4.1%. A national strategic plan has been developed with the involvement and commitment of all major interest groups. In the public sector, this includes education, health, army, police, youth, and sport ministries. Civil society, along with development agencies and the private sector, was also involved. Sectoral operational plans drawn up and budgeted in 2002 served as the basis for Togo's successful application to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

USAID ROLE

USAID has bilateral Missions in seven of the 18 West African countries. These Missions have received increasing levels of HIV/AIDS support since the mid-1990s. In 2003, USAID provided the following levels of bilateral HIV/AIDS support: Benin, $2.0 million; Ghana, $7.0 million; Guinea, $2.2 million; Mali, $4.0 million; Nigeria, $23.9 million; and Senegal, $6.0 million. These bilateral resources totaled $45.1 million. The USAID West Africa Regional Program was created to address development challenges—including HIV/AIDS and other health issues—through regional approaches that complement and support country efforts. WARP HIV/AIDS activities address cross-border issues; provide limited HIV/AIDS support to the 12 West African countries that do not have bilateral USAID programs, as well as to Liberia in a newly reestablished bilateral program; and undertake joint efforts with the other USAID bilateral programs in the region. In 2004, WARP provided $9.3 million in HIV/AIDS support. The current strategy runs through 2008.

To maximize its effectiveness in carrying out its program, WARP works with other USG agencies (including the CDC), regional organizations such as the United Nations High Commissioner on Refugees, WAHO, and other donors. Significant support is available to countries in the region from other donors, particularly the GFATM and the World Bank's Multi-Country AIDS Program, Treatment Acceleration Program, and Corridor Project. WARP is increasing collaboration efforts with those initiatives.

In 2003, Côte d'Ivoire and Nigeria—considered the epicenter of the HIV/AIDS epidemic in West Africa—were included in the newly established Emergency Plan. The Emergency Plan provides expanded, intensified USG support to 15 countries at greatest risk from HIV/AIDS, focusing on rapid

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West African Countries		
Countries with USAID Missions		
Nigeria	**UNAIDS**	**DHS+**
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	3,600,000	
Total Population (end 2004)	127,117,000	
Adult HIV Prevalence (end 2003)	5.4%	
Senegal		
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	44,000	
Total Population (end 2004)	10,339,000	
Adult HIV Prevalence (end 2003)	0.8%	
Total Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	**6,268,300**	
Total Population (end 2004)	**275,891,634**	

Sources: UNAIDS, U.S. Census Bureau.

scale-up of interventions and shifting the emphasis of U.S. assistance to HIV treatment. Issues such as recipient absorptive capacity and variations in funding levels among neighboring countries are being carefully addressed. WARP coordination and involvement are evolving in both countries as Emergency Plan implementation continues. This coordination and involvement may be expanded, particularly in Côte d'Ivoire, where there is no USAID bilateral Mission.

Cross-border interventions

As one of WARP's important HIV/AIDS activities, cross-border intervention focuses on preventing HIV transmission among vulnerable populations that traverse or live on major transport corridors. These initiatives provide information and education through the mass media, peer education (addressed primarily at sex workers and truckers), and condom social marketing. This WARP work is implemented in coordination with a World Bank project, with the latter focusing on the coastal east-west corridor (from Abidjan to Lagos) and WARP focusing on the north-south and inland east-west corridors. HIV/AIDS behavior change communication and targeted service delivery activities will provide STI prevention and treatment programs along these routes, as well as pilot provision of family planning services. The addition of counseling and testing is expected in coming years; if implementation issues can be resolved, HIV treatment may be introduced.

Best practices

Another major focus for WARP's health program is the development, dissemination, and limited replication of promising and best practices in service delivery (e.g., in PMTCT). To support this effort, regional centers of excellence for PMTCT, HIV/AIDS care and treatment, and STI prevention and treatment are being developed in both the Francophone and Lusophone countries.

Policy and advocacy

WARP assembled decision-makers from all over the region during 2004 and facilitated the development of the Regional Policy Agenda for HIV/AIDS. Six of the 22 items identified have been targeted for FY 2005. WARP's grantee, Action for West Africa Region (AWARE)–HIV/AIDS is working with regional networks of parliamentarians, journalists, religious leaders, PLWHA, media, youth, women, and writers to develop advocacy plans to support the staged implementation of this regional agenda.

Capacity building

Major inputs are being provided to strengthen the eight networks mentioned above, as well as two key regional organizations, WAHO and the Center for Population and Development Studies. Eight other organizations have been identified as Technical Leadership Institutions and will receive support to increase their capacity to provide and manage high-quality HIV/AIDS programs. WARP participates in an interagency working group for orphans and vulnerable children (OVC) with the United Nations Children's Fund, AWARE–HIV/AIDS, Save the Children/United Kingdom,

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Plan International, and the Hope for African Children Initiative. This group is working together to strengthen OVC efforts in the region.

Ambassadors' HIV/AIDS Fund

The Ambassadors' HIV/AIDS Fund was established in 2001 as a small grants program to enable U.S. Embassies without a USAID Mission to help their host countries address specific HIV/AIDS issues. The initial round of grants for 2002 and subsequent grants for 2003 and 2004 included the following activities:

- *HIV counseling and testing in Burkina Faso and Cameroon*. In Burkina Faso, World Relief, a faith-based organization, conducted two workshops for health staff trainers that emphasized basic knowledge about HIV/AIDS, other STIs, and premarital counseling. Subgrants extended the training to an additional 20 partner organizations, 17 of which went on to conduct similar training in counseling. As a result, more than 800 persons in the religious network were reached. Three of the 20 organizations also conducted mass media educational programs, reaching approximately 4.5 million people. Follow-up activities include support for an HIV counseling and testing center and for training women in HIV/AIDS prevention.

- *Health care provider training and mass media campaigns in Chad, Gambia, and Cape Verde*. Health care workers were trained in prevention of STIs and in supervision; mass media campaigns target truck drivers and migrants. Follow-up activities in Gambia included a stigma-reduction campaign.

- *Programs aimed at youth in Guinea Bissau and Togo*. In Guinea Bissau, USAID supported a media and awareness campaign targeting youth, with support for a subsequent peer education network. In Togo, the emphasis was on HIV counseling and testing, to be supplemented by a media education campaign.

- *Condom social marketing in Sierra Leone*

- *Training of journalists and religious leaders in Mauritania, along with a behavior change communication campaign and education for youth*

- *Capacity building and micro-financing for community-based organizations in Liberia and Niger*. In Liberia, local partners worked to increase HIV/AIDS awareness among youth, ministers, health care providers, and administrative leaders. In Niger, follow-up outreach activities include classroom sensitization, along with peer education and income-generating activities for sex workers.

- *Care and support for PLWHA in Côte d'Ivoire*

- *PMTCT in Guinea-Bissau*. The West Africa AIDS Foundation (WAAF) is supporting the first PMTCT center in the country through a faith-based organization.

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Although the average annual budget for each of the 12 eligible countries in the region is modest (about $100,000), the approach provides an effective mechanism enabling U.S. ambassadors in those countries to work with senior officials to fill key gaps in HIV/AIDS programming.

During Round Three of the WAAF grants, it was decided to discontinue funding to Côte d'Ivoire, given the high levels of Emergency Plan resources there, and to shift those funds to São Tomé and Príncipe, where donor activity is minimal.

IMPORTANT LINKS AND CONTACTS

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