U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

WEST AFRICA

While HIV/AIDS rates are lower in West Africa than in other parts of the continent, according to available data, the virus is spreading at an alarming rate in several West African nations. The Joint United Nations Programme on AIDS (UNAIDS, 1998) reported that in 1987, only two countries in the region had prevalence rates over 2 percent. By 2002, all countries in the region except one had prevalence above 2 percent; and five out of fifteen countries belonging to the Economic Community of West African States had prevalence rates above 5 percent. By 2002, the estimated HIV prevalence rates in Cameroon, Côte d'Ivoire, Burkina Faso, Togo and Nigeria were 11.8 percent, 9.7 percent, 6.5 percent, 6.0 percent and 5.8 percent, respectively (UNAIDS, 2002).

Many of West Africa's problems are regional in scope, created by underlying factors that are common across national borders. These include poverty, unemployment, poor economic indicators, poorly maintained infrastructure, and an alarming exodus of trained professionals from the public sector. Political strife and instability in one country affect neighbors as displaced persons seek refuge in nearby countries. In addition, regional and national government funds earmarked for health or other social programs may be diverted and reprogrammed to support or combat internal conflicts or those in neighboring countries. In addition, the growing HIV/AIDS epidemic in West Africa presents a huge developmental and public health challenge for countries in the region, most of which are already overextended in addressing national problems.

According to a recent UNAIDS report, there is "evidence of recent, rapid HIV spread in West and Central Africa." Recent data confirm the "folly of false assumptions" of a low, slow-growing epidemic. According to 2002 estimates, Cameroon has surpassed Côte d'Ivoire as the country with the highest prevalence in the region. In 1988, HIV prevalence in Cameroon's urban areas was at almost 2 percent. The 2000 round of HIV surveillance found national prevalence rates of around 11 percent among pregnant women. UNAIDS considers the possibility that this could be the beginning of an ongoing, steep rise, as indicated by the fact that the highest prevalence rates were found among young people: 11.5 percent among 15- to 19-year-old pregnant women and 12.2 percent among those aged 20–24. Also of concern is the fact that prevalence rates were almost equally high in rural and urban areas (UNAIDS, 2002).

Map of West Africa

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Vulnerable populations and geographic 'hotspots,' even within countries with a generalized epidemic, have exceptionally high rates. According to UNAIDS, HIV prevalence among urban males seeking care for sexually transmitted infections was as high as 45 percent in Togo, 39 percent in Ghana, 25 percent in Côte d'Ivoire, and 22 percent in Cameroon (data collected between 1991 to 2000). The prevalence rates for female sex workers is higher, with 78.9 percent in Togo, 50 percent in Ghana, 36.6 percent in Guinea and 36 percent in Côte d'Ivoire.

Number of People Living with HIV/AIDS, Orphans, and AIDS Deaths, 2001

West African Countries without USAID Missions								
	Estimated number of people living with HIV/AIDS, end 2001					**Orphans**	**Estimated AIDS deaths, 2001**	
Country	**Adults & children**	**Adults (15-49)**	**Adult rate (%)**	**Women (15-49)**	**Children (0-14)**	**Orphans (0-14)**	**Adults & Children**	**Total (000s)**
Burkina Faso	440,000	380,000	6.5	220,000	61,000	270,000	44,000	11,856
Cameroon	920,000	860,000	11.8	500,000	69,000	210,000	53,000	15,203
Chad	150,000	130,000	3.6	76,000	18,000	72,000	14,000	8,135
Côte d'Ivoire	770,000	690,000	9.7	400,000	84,000	420,000	75,000	16,349
Gambia	8,400	7,900	1.6	4,400	460	5,300	400	1,337
Guinea Bissau	17,000	16,000	2.8	9,300	1,500	4,300	1,200	1,227
Liberia	…	…	…	…	…	…	…	3,108
Mauritania	…	…	…	…	…	…	…	2,747
Niger	…	…	…	…	…	…	…	11,227
Sierra Leone	170,000	150,000	7.0	90,000	16,000	42,000	11,000	4,587
Togo	150,000	130,000	6.0	76,000	15,000	63,000	12,000	4,657
WARP Total	**2,625,400**	**2,363,900**		**1,375,700**	**264,960**	**1,086,600**	**210,600**	**80,433**

Source: UNAIDS 2002 (data unavailable for Cape Verde)

The impact of increasingly higher HIV prevalence in the region is becoming apparent. The total number of people living with HIV/AIDS within the region is approximately 6 million, with approximately 2 million orphans. Burkina Faso alone has approximately one million people living with HIV/AIDS and Côte d'Ivoire almost 800,000. The increasing number of people infected and affected by HIV/AIDS has social and economic impact on families, and already weak health care systems and economies. It has been projected that monthly per capita income among families living with AIDS in Côte d'Ivoire is only 32 percent that of families not living with AIDS (UNAIDS, 2000). Attention to care and support issues, particularly addressing stigma and discrimination, will be needed for successful prevention efforts.

Number of People Living with HIV/AIDS, Orphans, and AIDS Deaths, 2001

West African Countries with Bilateral Missions in the Region								
	Estimated number of people living with HIV/AIDS, end 2001					Orphans	Estimated AIDS deaths, 2001	
Country	Adults & children	Adults (15-49)	Adult rate (%)	Women (15-49)	Children (0-14)	Orphans (0-14)	Adults & Children	Total (000s)
Benin	120,000	110,000	3.6	67,000	12,000	34,000	8,100	6,446
Ghana	360,000	330,000	3.0	170,000	34,000	200,000	28,000	19,734
Guinea	…	200,000	2.8	…	…	…	…	8,274
Mali	110,000	100,000	1.7	54,000	13,000	70,000	11,000	11,677
Nigeria	3,500,000	3,200,000	5.8	1,700,000	270,000	1,000,000	170,000	116,929
Senegal	27,000	24,000	0.4	14,000	2,900	15,000	2,500	9,662
	3,637,000	**3,324,000**		**1,768,000**	**285,900**	**1,085,000**	**183,500**	**172,722**

Source: UNAIDS 2002 (exception: Guinea estimates from national survey 2001)

USAID REGIONAL STRATEGY

The United States Agency for International Development's West Africa Regional Program (USAID/WARP) Family Health and AIDS Project focused on family planning services in four countries (Burkina Faso, Cameroon, Côte d'Ivoire and Togo) from 1994 through 1998. At the beginning of the project, HIV/AIDS activities were limited to condom social marketing and some prevention efforts with mobile populations. Since 1998, HIV/AIDS activities have increased, commensurate with funding. Expansion began in 2000, when the project also shifted from a four-country focus to a regional activity. The expanded HIV/AIDS program includes support for the establishment of voluntary counseling and testing centers, treatment centers for sexually transmitted infection, and HIV/AIDS informational hotlines. Also included is the promotion of dual protection and youth-focused prevention within ongoing family planning programs; prevention programs with the military; and care and support for people living with HIV/AIDS, orphans, and vulnerable children. Obligated funds for HIV/AIDS activities stood at $1.5 million in 1998, and increased to $10 million in 2002.

Prevention along migratory routes

USAID/WARP's flagship HIV/AIDS activity is inter-country prevention among mobile populations in West and Central Africa. The program combines behavior change communication approaches through mass media as well as individualized attention to commercial sex workers and transporters through peer educators. The other key activity is male and female condom social marketing. More recently, behavior change communication efforts have been linked with sexually transmitted infection prevention and treatment services along the same migratory routes. These programs operate in Côte d'Ivoire, Burkina Faso, Togo, Benin, Mali, Niger, Cameroon, and Chad. Materials and approaches are being adopted and adapted in other countries, and there is interest in using the same strategy in the Abidjan–Lagos corridor supported by the World Bank.

Youth-focused integrated prevention model

USAID/WARP has provided training, some equipment, and technical assistance to 124 quality-accredited family planning sites (known as Gold Circle) within three countries (Burkina Faso, Togo and Cameroon). Within these sites several have received additional training and resources to provide risk-assessment and HIV/AIDS-prevention messages and materials to youth, primarily females. Many sites are reinforced by multimedia campaigns and through peer educators. One-on-one counseling sessions with trained providers allow for tailored risk assessments and prevention

messages. These sites promote dual protection, assessing with youth their needs in family planning and in prevention of sexually transmitted infection and HIV/AIDS.

HIV/AIDS informational telephone hotlines

Another complementary youth initiative implemented in three countries (Côte d'Ivoire, Burkina Faso, and Togo) is the HIV/AIDS informational telephone hotline. Initial concerns that youth may not have adequate access to telephones or privacy have proven wrong. In Côte d'Ivoire alone, about 20,000 calls have been received. The project has provided training to counselors, including some youth. All hotlines are run by nongovernmental organizations that also provide a range of services from voluntary counseling and testing to care and support services. Eighty percent of the calls registered in Côte d'Ivoire were from youth ages 15 to 24.

Sexually transmitted infection treatment services

USAID/WARP has supported training and provision of treatment kits for sexually transmitted infections at 63 public service-delivery points along the migratory axes. Approximately 6,500 cases of male urethritis have been treated since services were made available.

Condom social marketing

Condom social marketing has been a key component of this activity since the beginning. Distribution of socially marketed condoms, within four countries, reached a total of 68.3 million units in 2002, representing an increase of 10 percent over 2001. The increase is partially attributed to continuous development of social marketing along the migratory routes.

Voluntary counseling and testing services

USAID/WARP has supported the development of two important sets of documents: 1) generic policies, norms, and procedures in voluntary counseling and testing services, which have been adapted for use in Burkina Faso, Cameroon, Côte d'Ivoire, Mauritania and Togo; and 2) a voluntary counseling and testing training curriculum. The training curriculum has been used to train more than 120 voluntary testing counselors from five countries. Further, the Centre for Information, Counselling and Documentation on AIDS and Tuberculosis (CiC-DOC) in Burkina Faso, a nongovernmental organization network, has received significant technical assistance and has now become itself a provider of technical assistance to other nongovernmental organizations in the provision of voluntary counseling and testing services. CiC-DOC has so far trained 50 trainers in the region.

Orphans and Vulnerable Children

A regional meeting organized in collaboration with UNAIDS and UNICEF in 2002, raised awareness and set the stage in the region to address the needs of orphans and vulnerable children. Building on the momentum from this meeting, WARP will work with nongovernmental organization networks, such as the SWAA and RAP+, to address the needs of orphans and vulnerable children. Model approaches for addressing their needs, such as the initiative in Côte d'Ivoire under the Family Health and AIDS Project, may be considered for dissemination.

Ambassadors' HIV/AIDS Fund

Launched in July 2001, the WARP Ambassadors' HIV/AIDS Fund provides limited resources to activities identified and developed by U.S. Ambassadors and local partners within the 12 non-presence countries in the region. To date, all these countries have requested and received some form of support for proposal development and/or technical assistance design and implementation of the following activities:

- Condom social marketing activities (Sierra Leone)
- Initiation or strengthening of voluntary counseling and testing programs (Togo, Cameroon, Mauritania)
- Condom promotion for youth (Guinea Bissau)
- Sexually transmitted infection treatment (Cape Verde)
- Strengthening associations assisting persons living with AIDS (Burkina Faso)

- Prevention among migratory populations and sex workers (Chad)
- Orphans and vulnerable children (Côte d'Ivoire)
- Support to nongovernmental organizations which include youth, religious leaders and others (Liberia, Niger)
- Sexually transmitted infection treatment services (Gambia)

Implementing partners include Peace Corps, U.S.-based private voluntary organizations, and local and international nongovernmental organizations. A second round is being designed for 2003 with a total budget of $1 million.

FOR MORE INFORMATION

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http://www.usaid.gov/our_work/global_health/aids/Countries/africa/waregional.html

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