

Overview of HIV in West and Central Africa

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Summary of global HIV epidemic (2016)

36.7 million

people now estimated to be living with HIV

[30.8–42.9 million]

During 2016...



1.8 million

people newly infected

[1.6–2.1 million]

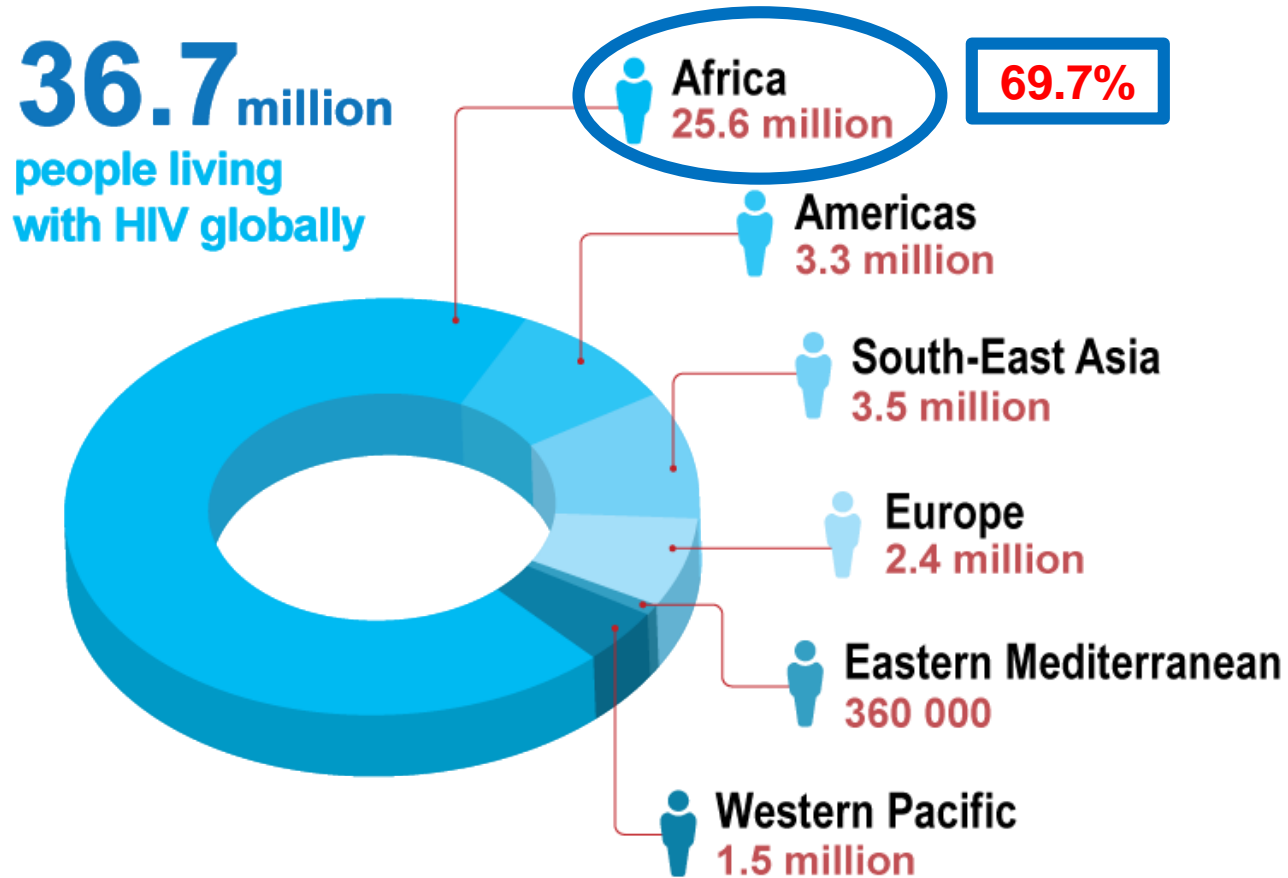


1.0 million

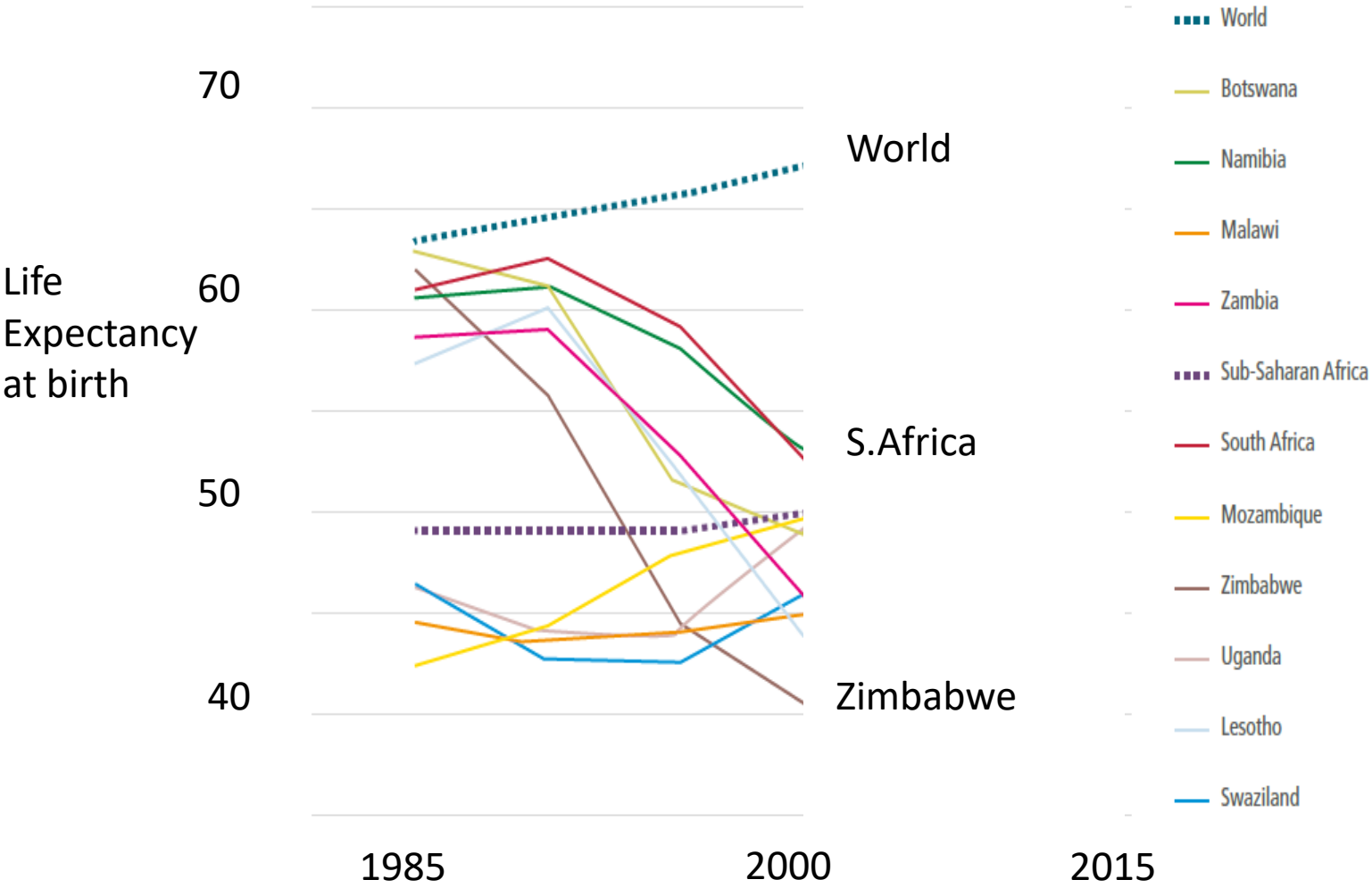
HIV-related deaths

[830 000–1.2 million]

People living with HIV by WHO region (2016)



Remarkable individual and population health benefits



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Writing the final chapter
of the AIDS epidemic



tested

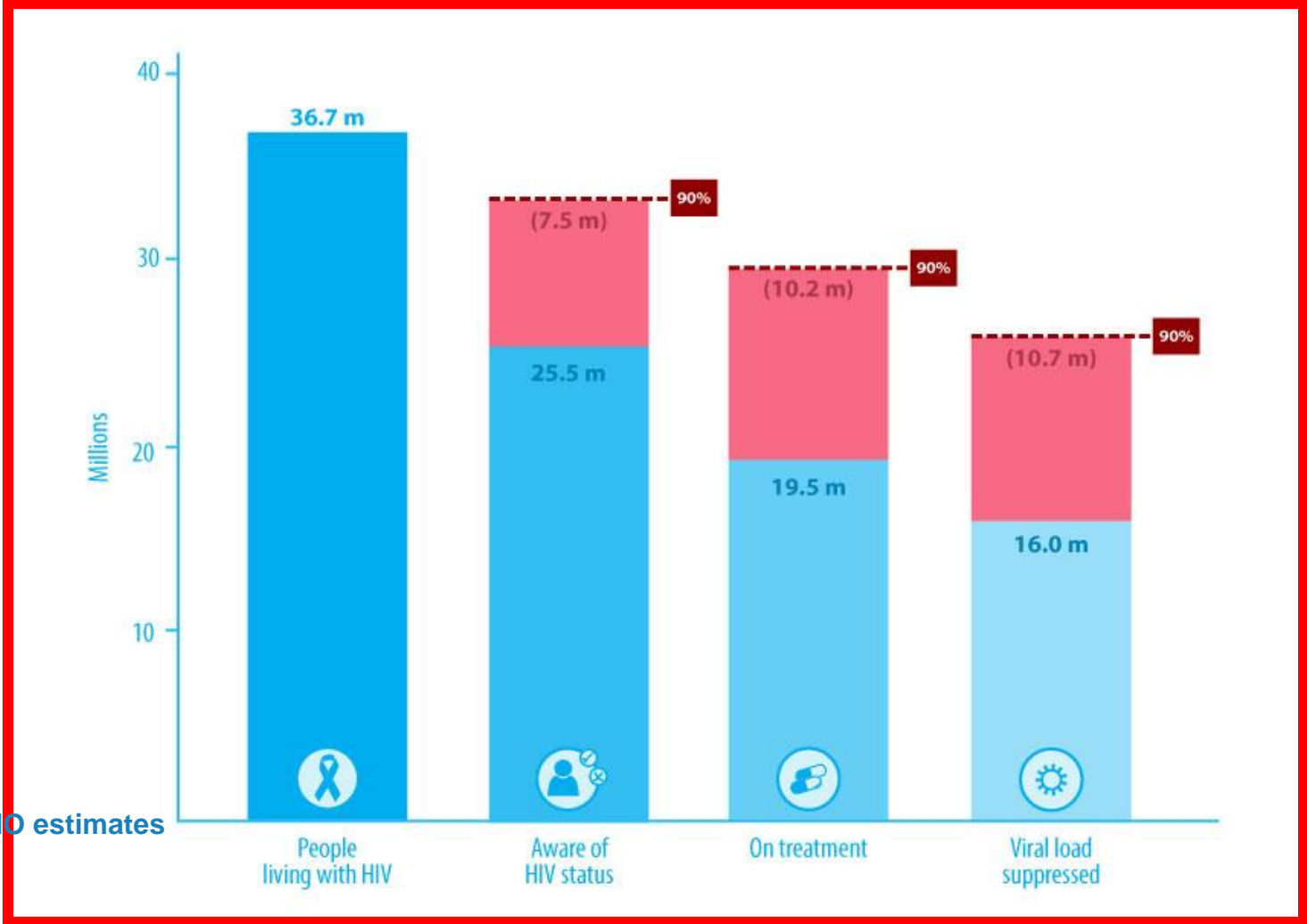


on treatment



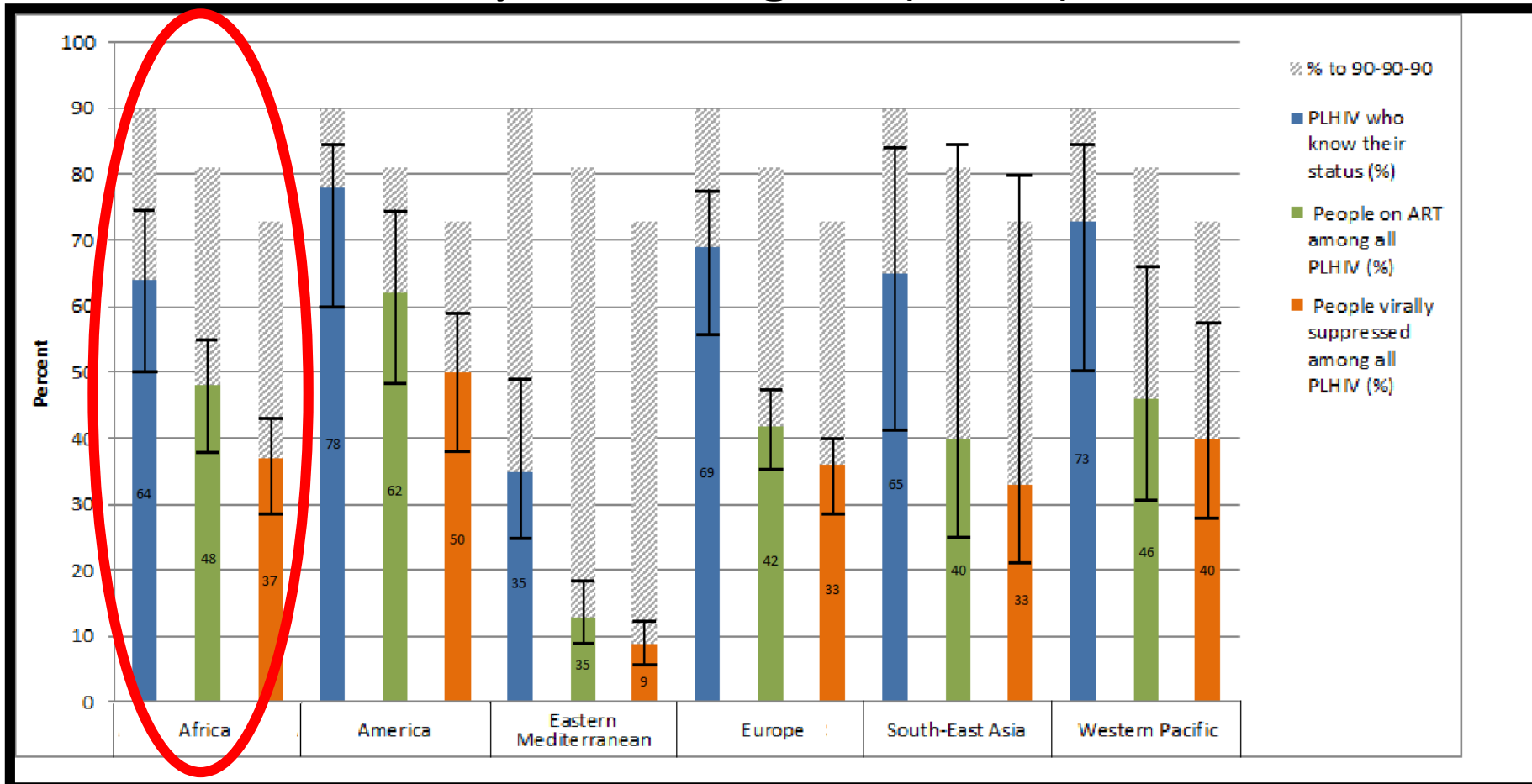
virally suppressed

HIV testing and care continuum (2016)



UNAIDS/WHO estimates

HIV testing and care continuum by WHO region (2016)



UNAIDS/WHO estimates

Cascade by region – special efforts required in West and Central Africa, Eastern Europe and Middle East and North Africa



Similar gaps by gender, Key Populations, Sub National

Source: UNAIDS/WHO estimates.

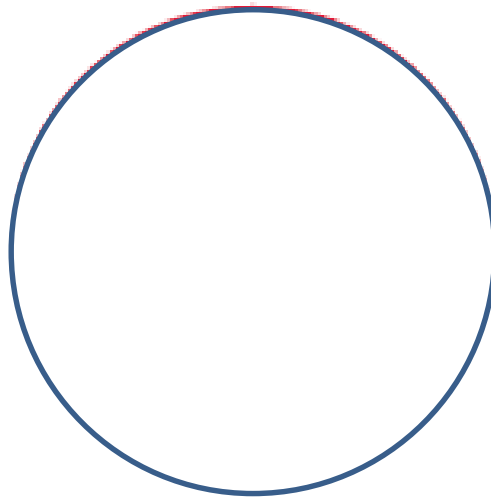


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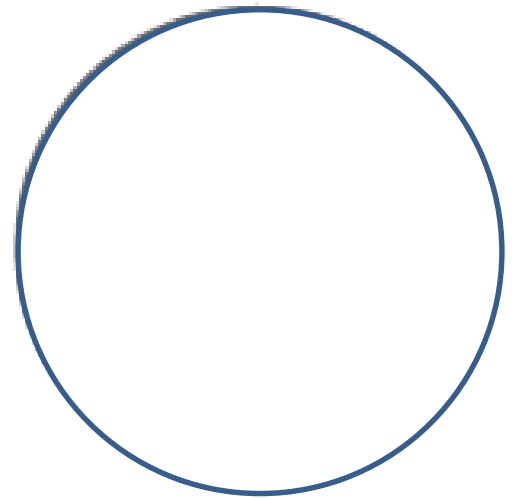
Writing the final chapter
of the AIDS epidemic



tested



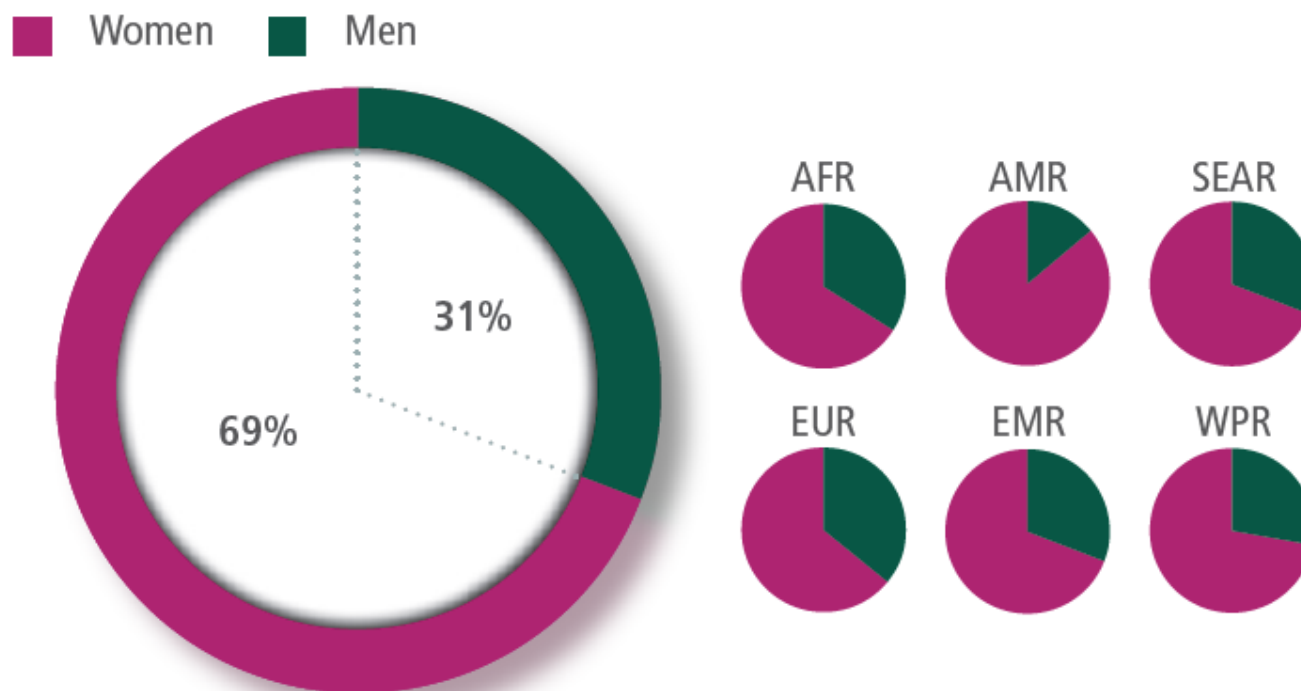
on treatment



virally suppressed



Fig. 1.1. Men and women as a proportion of people older than 15 years who received HIV testing services in low- and middle-income countries, by WHO region, 2014



Source: WHO HIV Self Testing and Partner Notification (2016)



We need incentives ! »

Health care professional's reluctance to propose systematically

HIV testing during general consultations in Cote d'Ivoire.

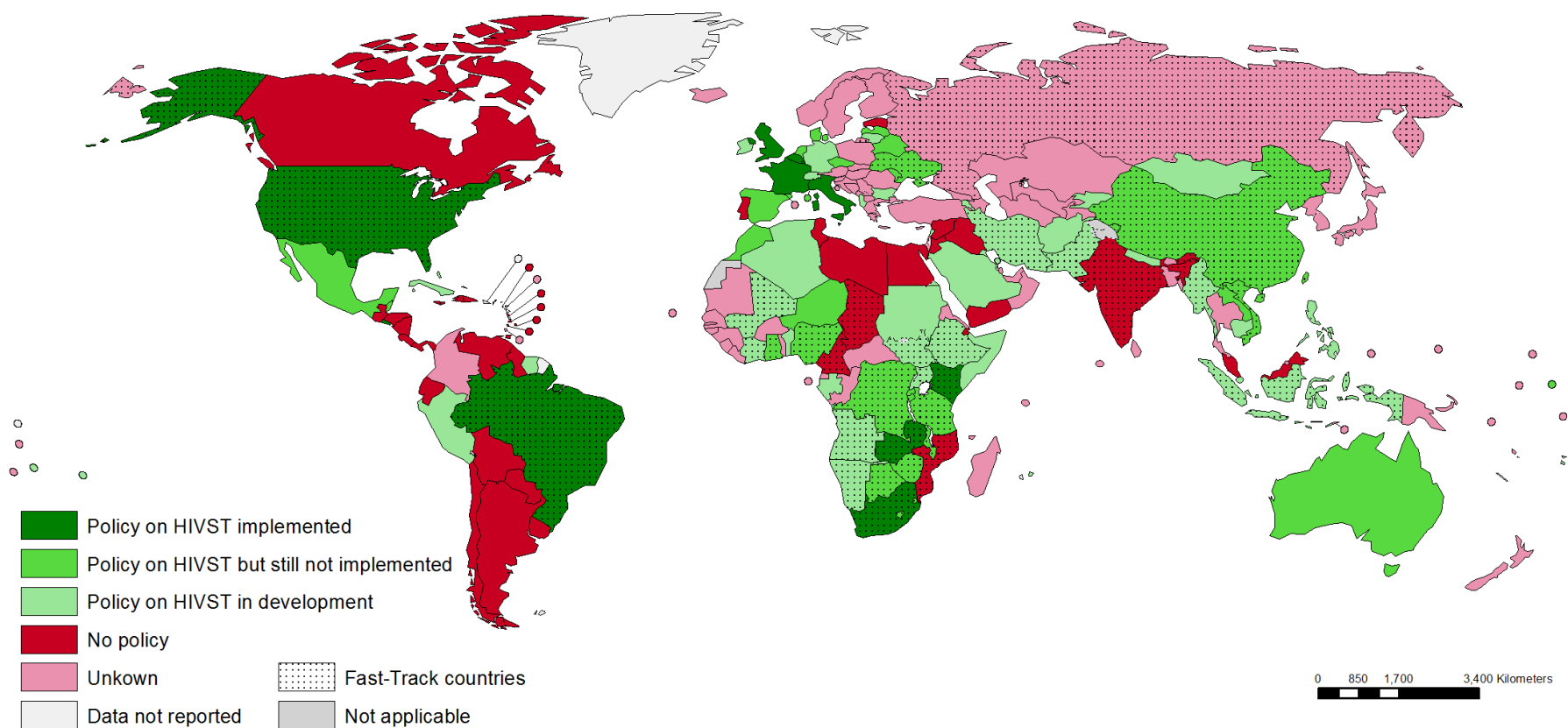
Conclusion

Health Care Providers experiences and perceptions were negatively affected by the legacy of the successive HIV policies implemented since the beginning of the epidemic. Some complex procedures, historically implemented due to confidentiality and stigma issues, could maybe be simplified today. Integrating HIV testing in routine is a challenge considering that these activities were previously implemented with dedicated incentives, training and human resources.

In a context of limited resources and mixed epidemic, how to prioritize and reorganize HIV testing in general consultations while motivating HCPs and being efficient in terms of public health?

Carillon S,et al. DOD-CI, ANRS 12 323, IAS 2017

Status of HIV self-testing (HIVST) in national policies (situation as of November 2017)



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Data Source: World Health Organization
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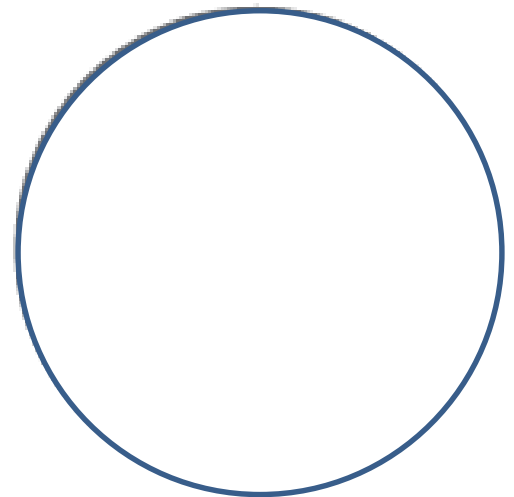
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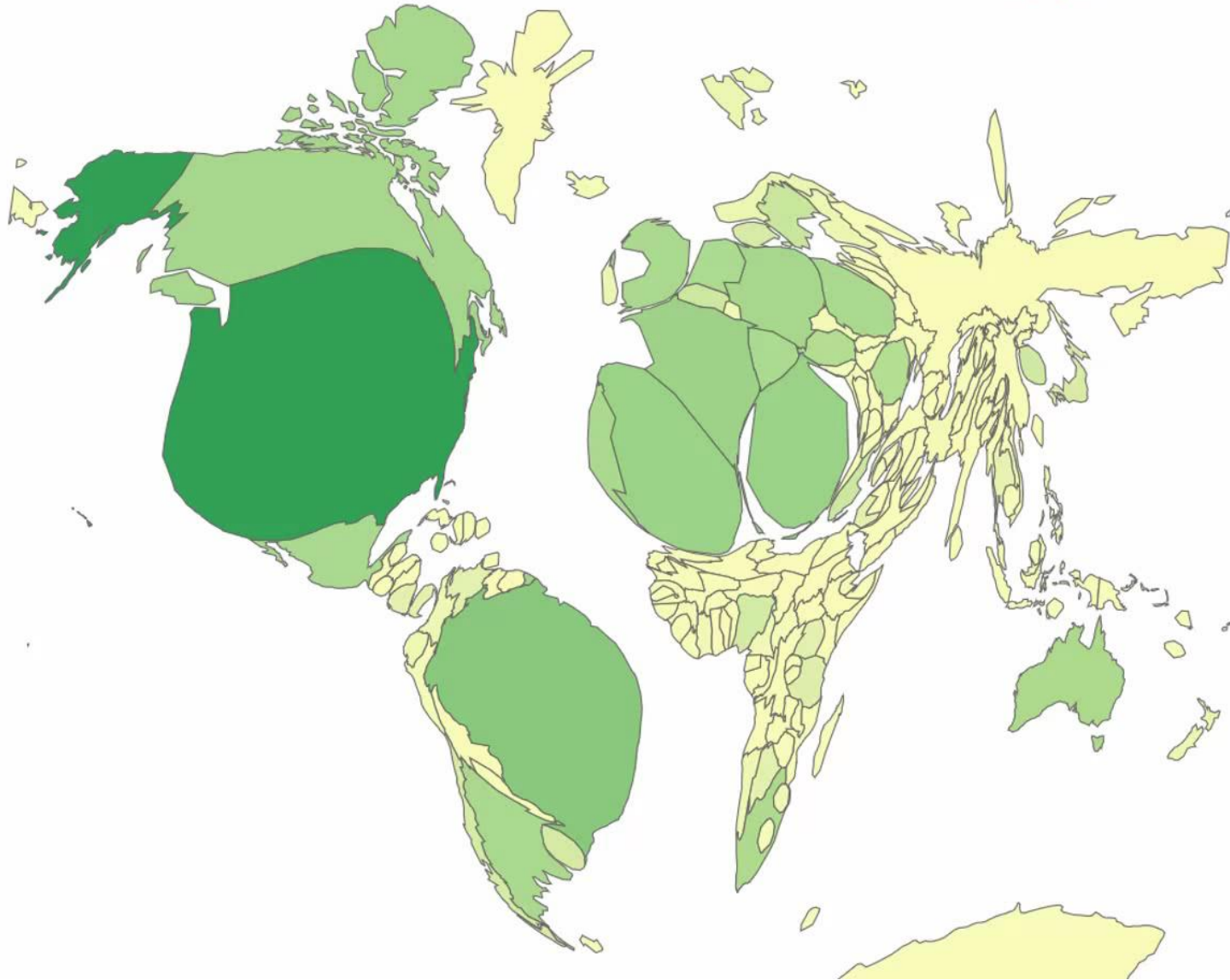


on treatment



virally suppressed

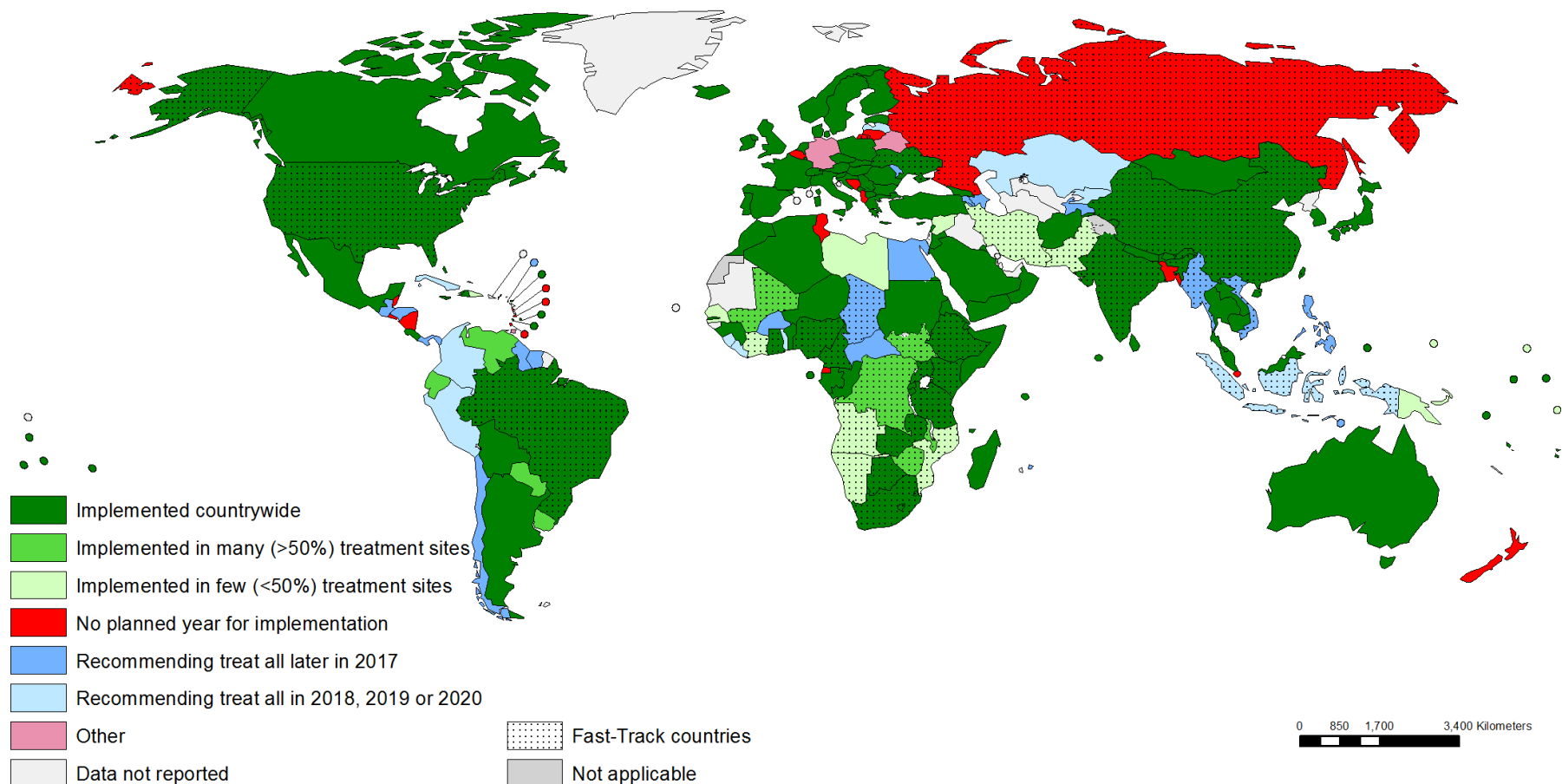
Countries with size proportional to people on ART, 2000-2016



Coverage in West and Central Africa

Country	Total number of PLHIV	Number PLHIV on ART	% ART cover
Benin	69000	33602	49%
Burkina Faso	95000	52304	55%
Cameroon	620000	168249	27%
Central African Republic	120000	28303	24%
Chad	170000	59622	36%
Cote d'Ivoire	460000	161173	35%
DRC	370000	121726	33%
Gabon	47000	27037	58%
Guinea	120000	33525	29%
Liberia	30000	7391	24%
Nigeria	3500000	828867	
Sierra Leone	51000	15390	27%

Implementation of Treat All recommendation among adults and adolescents living with HIV (situation as of November 2017)



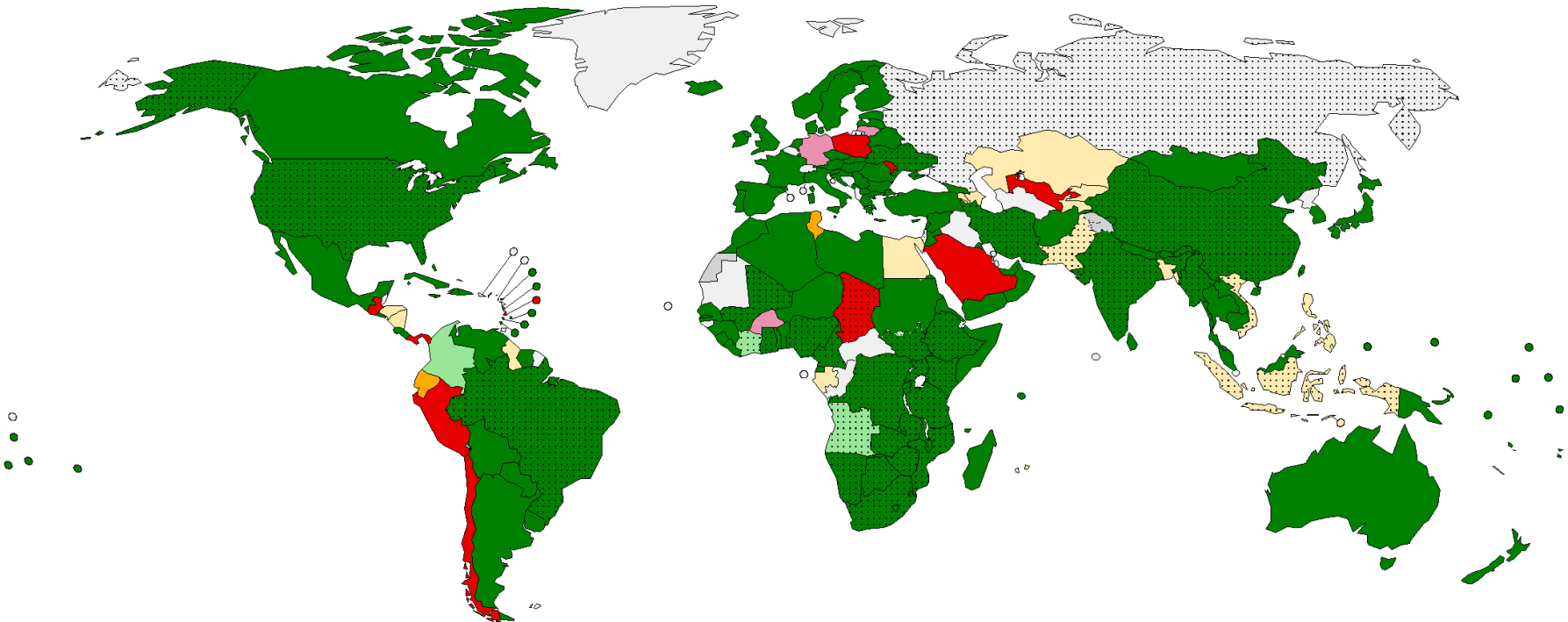
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Uptake of WHO policy for Treat All ART initiation among children and adolescents <15 years living with HIV (situation as of November 2017)



- Treat All, regardless of age
- Treat All, with an age cut-off <10 years
- Treat All, with an age cut-off <5 years
- Treat All, with an age cut-off <2 years
- Treat All, with an age cut-off <1 year
- Other
- Data not reported
- Fast-Track countries
- Not applicable

0 850 1,700 3,400 Kilometers

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Treat All Implementation WCA

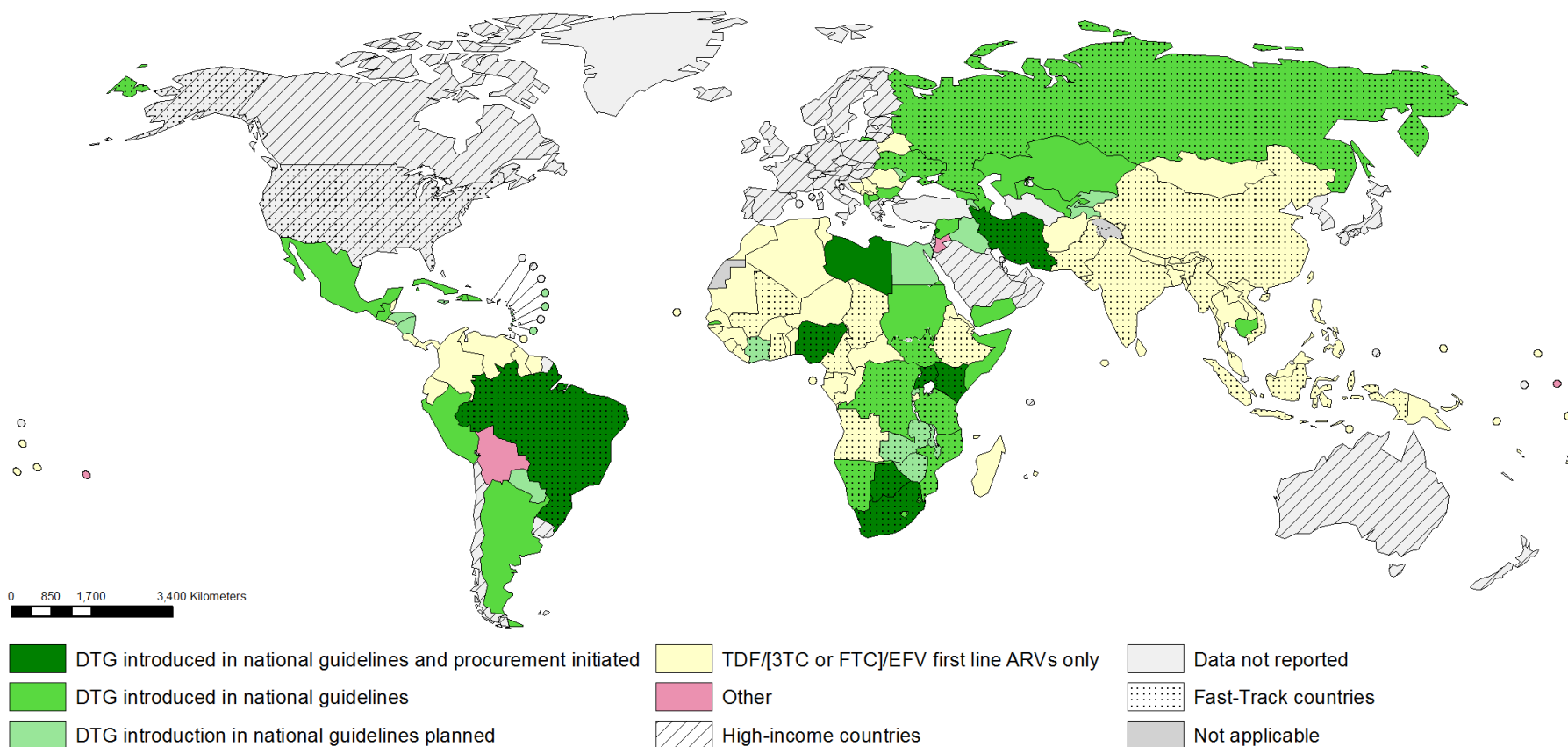
Country	Test and treat scale-up
Angola	Treat All scale-up
Benin	No
Burkina Faso	Treat All scale-up
Cameroon	Treat All scale-up
Central African Republic	No
Chad	Treat All scale-up
Cote d'Ivoire	Treat All and scale-up
DRC	Test and treat scale-up
Gabon	
Ghana	Treat all
Guinea	Treat all scale -up
Liberia	Treat all scale-up
Mali	Treat all scale-up
Nigeria	Test and treat all scale-up
Sierra Leone	Treat all

Repartition of CD4 cells counts at baseline in West African HIV infected patients

Taux de CD4	Total			Males			Females		
	2015	2014	2013	2015	2014	2013	2015	2014	2013
≥ 350	25.8	23.6	21.6	19.6	18.5	16.0	29.0	26.4	24.4
200-349	23.5	24.9	Almost 50% PLWHA < 200 CD4 57% (M); 47% (F)						26.6
100-199	21.5	20.2	21.6	22.4	20.5	22.2	21.1	20.0	21.3
< 100	29.2	31.3	30.9	34.6	36.5	37.6	26.3	28.5	27.7

Source: leDEA West Africa

TDF/3TC(FTC)/EFV as the preferred first line ARV combination among adults and adolescents and initial shifts towards Dolutegravir (DTG) in low- and middle-income countries (situation as of November 2017)



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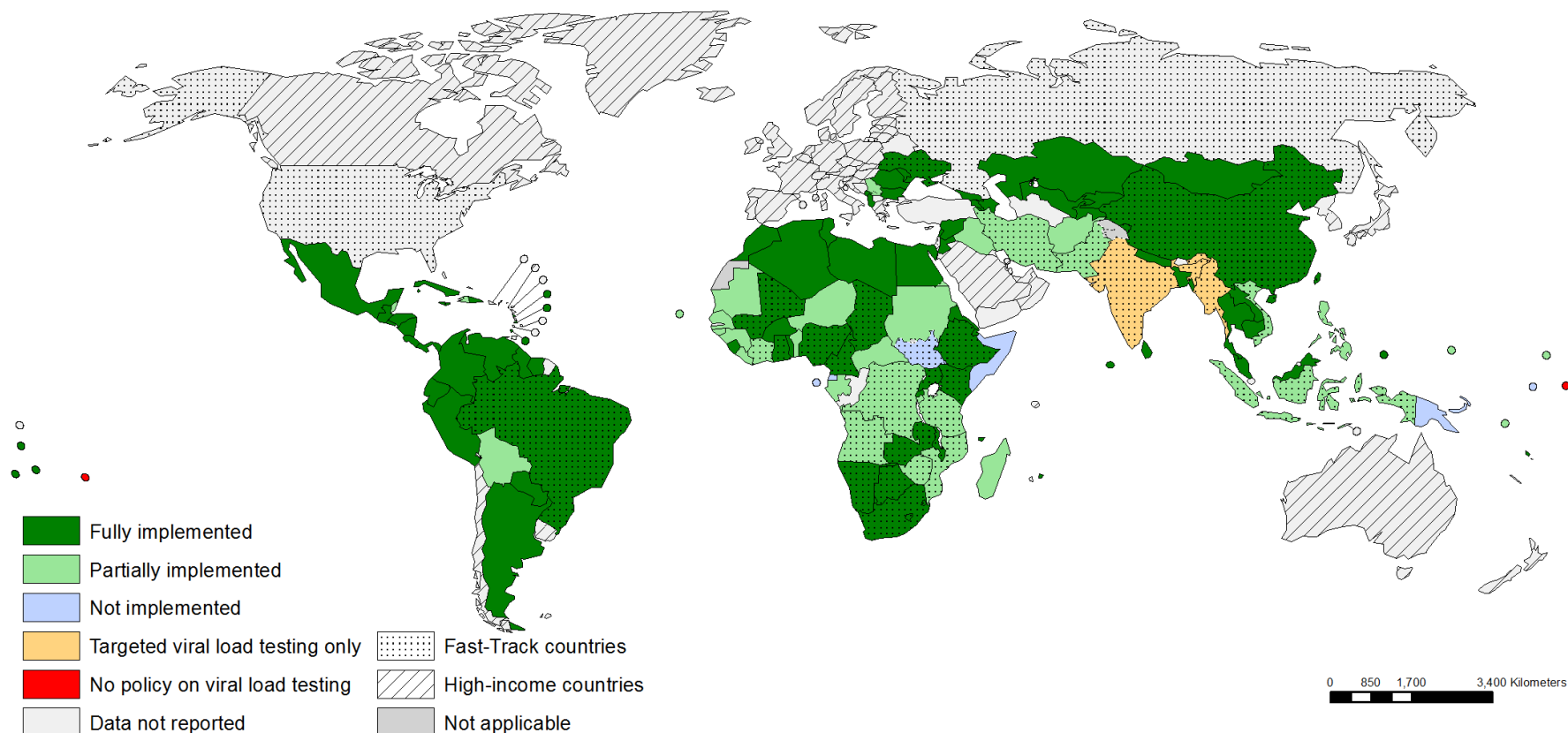


on treatment



virally suppressed

National policy on routine viral load testing for monitoring ART and level of implementation for adults and adolescents in low- and middle-income countries (situation as of November 2017)



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Viral Load Implemetation

Country	Implementation of Viral Load policy
Angola	
Benin	Yes
Burkina Faso	Yes
Cameroon	Partial
	Partial
Central African Republic	
Chad	Yes
Cote d'Ivoire	Partial
DRC	Partial
Gabon	Partial
Ghana	
Guinea	Partial
Liberia	Partial
Mali	

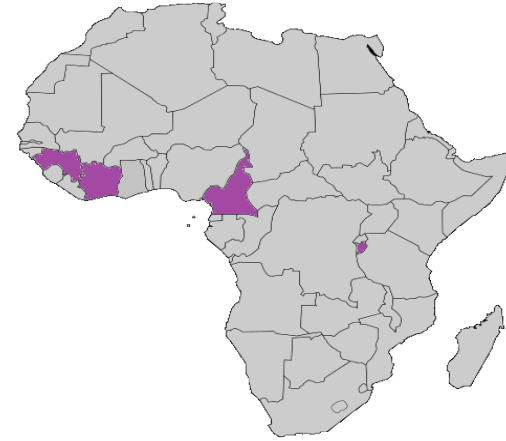
- Optimize supply chain and instruments
- Strengthen existing laboratory resources and sample referral networks
- Ensure continuous quality improvement initiatives
- Use point-of-care testing platforms
- Scale-up viral load and scale-down CD4 testing
- Improve laboratory-clinic interface for uptake of patient results
- Improve data collection and monitoring and evaluation systems

The OPP-ERA Project



- **Objective:** To support scale up access to HIV Viral Load using new technology based on the concept of Open Polyvalent Platforms (OPP)

- **4 African countries:** Burundi, Cameroun, Guinea, Côte d'Ivoire



- **Project Implemented by a consortium**



Lead partner in charge of the project coordination and implementation in



Scientific direction and results'promotion



Implementation in Cameroon and Côte D'Ivoire



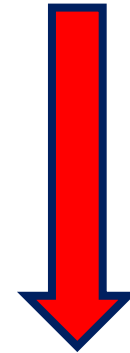
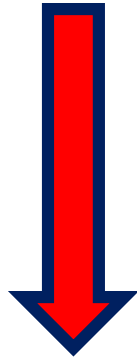
Implementation in Burundi

The OPP-ERA Project achievements

- **7 labs equipped in the 4 countries** → 106,000 VL (*June 2017*) + 7 new labs in 2018
More than 220 physicians and lab technicians trained.
- On average **79,5% of patients being virally suppressed** in the 4 countries (*Aug 14- Jul 16*)
- **Regular quality assessment** (CDC, QCMD) for all labs
- **Ongoing** : implementation of diagnostic of HIV for babies, and of TB and HBV PCR on the same machines
- **Identification of additional suppliers for VLT and**
- **Economic evaluations** : Cost-effectiveness analysis of VL, EID, TB, HBV)

With the courtesy of **Christine Rouzioux**

Improve the third 90!!!!!!!!!!!!



**Quantify, Forecast;
Create the demande;
Simplify viral load testing (POC);
Simplify sample delivery (DBS);
Promote viral load platform
Send the results to HCP;
Improve the delay to deliver the results.**

2017

The Western & Central Africa Catch-up Plan

HIV in Humanitarian Context



11/27/2017

Back, Sung & Diakite, Mamadi

HIV in West and Central Africa

- * Vulnerability for HIV due to: violence, conflicts, poverty, lack of proper health care and institutional capacity, natural disasters,
- * During conflicts or natural disasters HIV treatment gets interrupted, healthcare facilities are potentially destroyed, sexual violence as a conflict weapon.
- * Migrant populations are extremely vulnerable to HIV transmission



Merci pour votre attention