Overview of HIV in West and Central Africa

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- Service des Maladies Infectieuses et Tropicales, CHU Treichville, Abidjan
- Programme PACCI-ANRS de recherche en Côte d’Ivoire
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)

36.7 million people living with HIV globally

- Africa: 25.6 million (69.7%)
- Americas: 3.3 million
- South-East Asia: 3.5 million
- Europe: 2.4 million
- Eastern Mediterranean: 360,000
- Western Pacific: 1.5 million
Remarkable individual and population health benefits

Life Expectancy at birth

1985 2000 2015

World
S. Africa
Zimbabwe
AMBITION
TREATMENT TARGETS:
Writing the final chapter of the AIDS epidemic

90% tested
90% on treatment
90% 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 Midde East and North Africa

Similar gaps by gender, Key Populations, Sub National

Source: UNAIDS/WHO estimates.
AMBITIOUS TREATMENT TARGETS:
Writing the final chapter of the AIDS epidemic

90% 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
AMBITIOUS TREATMENT TARGETS:
Writing the final chapter of the AIDS epidemic

- 90% tested
- 90% on treatment
- virally suppressed
Countries with size proportional to people on ART, 2000-2016
## Coverage in West and Central Africa

<table>
<thead>
<tr>
<th>Country</th>
<th>Total number of PLHIV</th>
<th>Number PLHIV on ART</th>
<th>% ART cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>69000</td>
<td>33602</td>
<td>49%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>95000</td>
<td>52304</td>
<td>55%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>620000</td>
<td>168249</td>
<td>27%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>120000</td>
<td>28303</td>
<td>24%</td>
</tr>
<tr>
<td>Chad</td>
<td>170000</td>
<td>59622</td>
<td>36%</td>
</tr>
<tr>
<td>Cote d'Ivoire</td>
<td>460000</td>
<td>161173</td>
<td>35%</td>
</tr>
<tr>
<td>DRC</td>
<td>370000</td>
<td>121726</td>
<td>33%</td>
</tr>
<tr>
<td>Gabon</td>
<td>47000</td>
<td>27037</td>
<td>58%</td>
</tr>
<tr>
<td>Guinea</td>
<td>120000</td>
<td>33525</td>
<td>29%</td>
</tr>
<tr>
<td>Liberia</td>
<td>30000</td>
<td>7391</td>
<td>24%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>3500000</td>
<td>828867</td>
<td></td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>51000</td>
<td>15390</td>
<td>27%</td>
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</table>
Implementation of Treat All recommendation among adults and adolescents living with HIV (situation as of November 2017)

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.
Uptake of WHO policy for Treat All ART initiation among children and adolescents <15 years living with HIV (situation as of November 2017)

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Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
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### Treat All Implementation WCA

<table>
<thead>
<tr>
<th>Country</th>
<th>Test and treat scale-up</th>
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<tbody>
<tr>
<td>Angola</td>
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<td>Benin</td>
<td>No</td>
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<tr>
<td>Burkina Faso</td>
<td>Treat All scale-up</td>
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<td>Cameroon</td>
<td>Treat All scale-up</td>
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<tr>
<td>Central African Republic</td>
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<tr>
<td>Chad</td>
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<td>Cote d'Ivoire</td>
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<td>Treat all scale-up</td>
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<td>Liberia</td>
<td>Treat all scale-up</td>
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<tr>
<td>Mali</td>
<td>Treat all scale-up</td>
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<td>Nigeria</td>
<td>Test and treat all scale-up</td>
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<tr>
<td>Sierra Leone</td>
<td>Treat all</td>
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# Repartition of CD4 cells counts at baseline in West African HIV infected patients

<table>
<thead>
<tr>
<th></th>
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<td>≥ 350</td>
<td>25.8</td>
<td>23.6</td>
<td>21.6</td>
<td>19.6</td>
<td>18.5</td>
<td>16.0</td>
<td>29.0</td>
<td>26.4</td>
<td>24.4</td>
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<tr>
<td>200-349</td>
<td>23.5</td>
<td>24.9</td>
<td>23.5</td>
<td>24.9</td>
<td>24.9</td>
<td>24.9</td>
<td>23.6</td>
<td>25.2</td>
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<tr>
<td>100-199</td>
<td>21.5</td>
<td>20.2</td>
<td>21.6</td>
<td>22.4</td>
<td>20.5</td>
<td>22.2</td>
<td>21.1</td>
<td>20.0</td>
<td>21.3</td>
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<tr>
<td>&lt; 100</td>
<td>29.2</td>
<td>31.3</td>
<td>30.9</td>
<td>34.6</td>
<td>36.5</td>
<td>37.6</td>
<td>26.3</td>
<td>28.5</td>
<td>27.7</td>
</tr>
</tbody>
</table>

Source: IeDEA West Africa

Almost 50% PLWHA < 200 CD4
57% (M); 47% (F)
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)
AMBITIOUS TREATMENT TARGETS:
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90% tested
90% on treatment
90% 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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<table>
<thead>
<tr>
<th>Country</th>
<th>Implementation of Viral Load policy</th>
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</thead>
<tbody>
<tr>
<td>Angola</td>
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</tr>
<tr>
<td>Benin</td>
<td>Yes</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Yes</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Partial</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Partial</td>
</tr>
<tr>
<td>Chad</td>
<td>Yes</td>
</tr>
<tr>
<td>Cote d'Ivoire</td>
<td>Partial</td>
</tr>
<tr>
<td>DRC</td>
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<td>Gabon</td>
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<td>Ghana</td>
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<tr>
<td>Liberia</td>
<td>Partial</td>
</tr>
<tr>
<td>Mali</td>
<td></td>
</tr>
</tbody>
</table>
• 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

Source: Alemni J, Current Opinion 2017
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 Guinea:**
  - **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.
The Western & Central Africa Catch-up Plan
HIV in Humanitarian Context

UNAIDS

11/27/2017
Back, Sung & D istr. Manodi
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