



HIGH LEVEL REGIONAL SUMMIT

FOR HIV/AIDS IN WEST AND CENTRAL AFRICA

31 Oct - 02 Nov 2021

Dakar Call to Reinvent the Response to the HIV Pandemic: A renewed commitment to end AIDS in West and Central Africa

From October 31 to November 2, 2021, the Head of State of Senegal, the First Lady of Sierra Leone, Ministers of Health from 15 countries, civil society leaders from the region, and multilateral and bilateral partners in the global response to HIV met in Dakar, Senegal, for a high-level summit on HIV/AIDS, jointly organized by the Government of Senegal, civil society and UNAIDS under the chairmanship of President Macky Sall.

The summit took note that:

1. The western and central Africa region was at the forefront of the response to HIV early in the epidemic with some of the most globally important research and impactful programming that helped protect many communities.
2. Although the region faces multiple challenges, including the COVID-19 pandemic, numerous economic and security crises, and climate change, ensuring progress in public health and ending AIDS remain urgent priorities; there are striking examples of success in the fight against HIV in the region.
3. However, despite recent progress, the region is lagging behind in the fight against HIV due in part to difficulties taking these proven strategies and programmes to scale. The 25 countries of West and Central Africa are home to 4.7 million people living with HIV—12% of people living with HIV worldwide, but accounting for 22% of global AIDS-related deaths. Countries in the region, on average, saw slower declines in new HIV infections than other countries on the continent. HIV prevalence among women is higher than among men, and over 80% of adolescents who test positive are girls. Access to HIV testing and treatment reached 73% of people living with HIV in 2020, up from 38% in 2015, but short of the 81% target. The region has the world's highest number of HIV-positive pregnant women not on treatment, and just 24% of our children living with HIV were virally suppressed.
4. During the summit, governments, civil society, scientists, and development partners examined progress made in the response to HIV/AIDS and took note of the *Global AIDS Strategy 2021-2026* and Political Declaration on HIV and AIDS "*Ending Inequalities and getting on track to end AIDS by 2030*," adopted by UN Member States in June 2021.

The summit concluded with a call to action to governments, donors and other stakeholders in our region.

Dakar Call to Reinvent the Response to the HIV Pandemic: **A renewed commitment to end HIV in West and Central Africa**

1. Expand community-led infrastructure and organizations to strengthen national systems for health by adopting adequate policies and mobilizing sustained financing.

Too many of the most vulnerable people in our region do not have access to conventional health systems. Evidence shows community-led organizations and networks are critical to filling the gaps. This includes expanding the provision of HIV treatment and prevention services by community-led organizations in partnership with the public health system; ensuring that organized civil society and affected communities are included as key partners in decision-making bodies; and building accountability structures such as community-led monitoring. Responding to AIDS and other pandemics and addressing the inequalities that negatively impact collective national efforts requires strengthening both formal health systems and community infrastructure, which are complementary and can deliver services together. The establishment of community infrastructures urgently requires:

- That governments and external funding partners work collaboratively to increase and diversify funding, ensuring that civil society organizations (CSOs) have fair and equitable access to funding mechanisms and capacity building.
- Creating an enabling policy environment that removes barriers to CSOs delivering HIV treatment and prevention services. It is also essential to ensure access to legal registration of all CSOs involved in the fight against HIV, and institutionalization of funding mechanisms, including social contracting, which facilitate the effective funding of community groups within the health system.

2. Update health policies to align with the latest HIV science and evidence

Countries that have aligned more of their HIV policies with the current science and evidence, as well as their programs to implement those policies, have made greater progress against AIDS. Governments are urged to review their health policies in light of the latest scientific data and evidence, and adjust their programs accordingly. This is a key step to improve the HIV response, and particularly to address the needs of those most vulnerable to HIV. This includes removing barriers to accessing health services; ensuring secondary education for adolescent girls and young women through policies to expand education and reduce vulnerability to HIV, as outlined in the Education+ initiative; eliminating stigma and discrimination; and ensuring that HIV treatment and prevention services are in line with WHO recommendations, including scaling up pediatric treatment and ensuring that all people at significant risk of HIV infection are eligible for PrEP, among other policies.

3. Increase national and international resources for HIV in the region by 33% by 2025 and remove financial barriers to access to health services by people living with HIV

UNAIDS studies show that \$2.67 billion by 2025, representing a 33% increase, would ensure sufficient funding for a comprehensive response to HIV in the region. Insufficient progress in the response to the HIV pandemic is only increasing the long-term costs that will strain already overburdened health budgets. Many countries in our region are facing limited fiscal space and debt distress, now exacerbated by COVID-19. In line with the agreement of the 2019 African Union African Leaders' Meeting, key steps to reduce these future expenditures include immediately increasing domestic investments; increasing international bilateral, multilateral, private sector, and philanthropic funding for HIV; reducing out-of-pocket expenditures and eliminating user fees, not only for HIV services, but for health services in general; and direct debt cancellation, special drawing rights reallocation, and other innovative sources of funding to HIV and health.

4. Put HIV and Covid-19 at the center of pandemic preparedness and response

Many of the measures needed to accelerate the HIV response will also help prevent future pandemics and face them if they emerge. These measures include strengthening and protecting the formal and informal health workforce, collecting quality epidemic data to inform decisions, implementation of rights-based responses, and ensuring equitable access to new medical technologies. As our region

responds to the pandemic, we must focus on multi-sector investments that both save lives today and prepare for the future.

These 4 actions are achievable in the next three years. Doing so would re-invent the AIDS response in western and central Africa. We could end AIDS-related deaths and new HIV infections by addressing inequalities, reaching those not yet benefiting from effective HIV prevention and moving quickly from 59% of all people living with HIV virally suppressed in 2020 to reach 85% suppression by 2025 and move closer to the global target of 95–95–95. And by saving lives, we can put our region, once again, at the global forefront of the response to HIV, but also better prepare western and central Africa to respond to future pandemics.