



EPIDEMIOLOGICAL INDICATORS ON THE HIV/AIDS SITUATION IN WEST AFRICA



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**EPIDEMIOLOGICAL INDICATORS ON THE HIV/AIDS
SITUATION IN WEST AFRICA**

Sources:

2005 Report on the global AIDS epidemic

UN Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections

National STIs/HIV/AIDS Control Programmes and Councils

Dominique and Michèle Frémy, Quid 2006, Paris: Robert Laffont

UNAIDS, 2005, Epidemiological Situation on HIV/AIDS, Geneva, UNAIDS.

INTRODUCTION

This booklet that you are holding in your hands is the updated version of another booklet published last year, entitled: EPIDEMIOLOGICAL INDICATORS ON HIV/AIDS SITUATION IN WEST AFRICA. It aimed at presenting a simple and concise picture of the HIV/AIDS situation in West African countries and its related political, socio-demographic and cultural determinants.

The initiative of designing this booklet was taken by the members of the Regional Reference Group for West Africa of the EHAIA programme, aware of the seriousness of HIV/AIDS and its devastating effects on the workers of the continent. Sub Saharan Africa remains indeed the most affected region by the pandemic with two third of the population living with the virus as well as 77% of all the women living with HIV. For 2005, 3.2 millions new infections and 2.4 millions HIV/AIDS related deaths were recorded in Sub Saharan Africa. This gloomy reality of the figures is worsened by a more alarming fact, that of stigmatisation and discrimination, which jeopardises the efficiency of the actions aimed at controlling the global pandemic and simultaneously promotes an ideal environment for the continuation of the spread of the disease.

That is the reason why this booklet is meant for all those who are involved in the fight against HIV/AIDS and especially for some of the religious communities and churches, who sometimes keep themselves aside of the fight against the pandemic and its consequences. It is therefore urgent to definitely fight against the forces which jeopardise the initiative of mobilisation and rather promote an increased involvement of the communities in order to protect and save millions of lives who are the target of the pandemic.

We do hope that this booklet will help the communities (young people, men, women and children) to assess themselves the negative consequences of HIV infection and to engage themselves on a daily basis into a personal fight against the virus.

We therefore express all our gratitude to all those who contributed to the drafting of this booklet, and to the members of the Regional Reference Group for West Africa for their support during the designing and drafting process.

Ayoko Bahun-Wilson

Regional Coordinator, West Africa, EHAIA

REPUBLIC OF BENIN

Capital: Porto-Novo

Major Cities/Towns: Cotonou (Economic capital), Lokossa, Abomey, Parakou, Natitingou

Population: 6,736,000 inhabitants

Annual Population Growth: 2.8%

Life Expectancy at Birth M/F (years): 52.0/54.0

Infant Mortality M/F (for 1000): 158/150

Adult Mortality M/F (for 1000): 393/332

Adult Sero-prevalence (15 to 49 years): 1.9% (1.1%-3.3%)

Estimated number of PLWHA (15 to 49 years): 62,000 (35,000-110,000)

Estimated number of PLWHA (0 to 49 years): 68,000 (38,000-120,000)

AIDS related deaths (adults and children) in 2003: 5,800 (3,400-10,000)

Analysis of the situation

The country elaborated a national HIV/AIDS control strategic plan which covers the period 2002 to 2006. Besides, the fight against the pandemic was reinforced since 2004 with the support and assistance of the partners (non governmental organisations, international institutions). This may be the reason of the significant fall in the sero-prevalence rate as compared to the previous years.

Determinants:

- Wrong perception about risk,
- Poverty and socio-economic subordination of women,
- Cultural and religious obstacles,
- High rate of illiteracy,
- Seasonal migration flows,
- Lack of care and treatment for people living with HIV,
- Early sexual activity and,
- Poor attendance of health centres.

BURKINA-FASO

Capital: Ouagadougou

Major Cities/Towns: Bobo-Dioulasso, Ouahigouya, Tenkodogo, Gaoua, Koudougou.

Population: 13,574,000 inhabitants

Annual Population Growth: 2.9%

Life Expectancy at birth (years): 41.7

Infant Mortality (for 1000): 117

Adult Sero-prevalence (15 to 49 years): 7%

Estimated number of PLWHA (15 to 49 years): 270,000 (between 170,000-420,000)

Estimated number of PLWHA (0 to 49 years): 300,000 (190,000-470,000)

HIV/AIDS related deaths (adults and children) in 2003: 29,000 (18,000-47,000)

Analysis of the situation

HIV prevalence in antenatal consultations was 2.7% in 2003, but a downtrend was of the prevalence rate was observed among the young pregnant women (15-24 years) in urban areas. The 1.9% prevalence rate observed among young pregnant women in 2003 corresponded to half of the rate observed in 2001 that is 3.9%. In the capital city, Ouagadougou, a significant fall in HIV infections among sex workers was observed, of whom 59% were HIV positive during the tests conducted in 1994 and 21% in 2002. These trends are encouraging.

Determinants:

- Poverty,
- Multiple sexual partners,
- Endemic prostitution,
- Tourism,
- Vulnerable situation of women,
- Poor attendance of health centres,
- Strong STIs prevalence,
- Persisting practices (levirate, sororate, intravenous injection of neurotropic substances, body tattoos.)
- Population movements coming from conflict areas and,
- Trade with neighbouring countries, namely coastal countries.

CÔTE D'IVOIRE

Capital: Yamoussoukro

Major Cities/Towns: Abidjan (Economic capital), Bouaké, Daloa, Korhogo, Man

Population: 16,631,000 inhabitants

Annual Population Growth: 2.1%

Life Expectancy at Birth M/F (years): 42.0/49.0

Infant Mortality M/F (for 1000): 223/160

Adult Mortality M/F (for 1000): 558/450

Adult Sero-prevalence (15 to 49 years): 7% (4.9%-10%)

Estimated number of PLWHA (15 to 49 years): 530,000 (370,000-750,000)

Estimated number of PLWHA (0 to 49 years): 570,000 (390,000-820,000)

HIV/AIDS related deaths (adults and children) in 2003: 47,000 (30,000-72,000)

Analysis of the situation

The country is preparing a National HIV/AIDS Control Strategic Plan that will cover the period 2006-2010. A survey is underway to assess the impact of the militaro-political crisis that the country is suffering from since September 2002 on the spread of HIV/AIDS while taking into account the thousands of displaced and uprooted people in the country (1million).

Determinants:

- Refugees and displaced persons (at least 1 million),
- Absence of administration in the Northern part of the country (under ex rebels control),
- Lack of functioning of health structures,
- Multiple sexual partners,
- Migration flows,
- Prostitution,
- Violence against women (rapes, plundering),
- Use of narcotic drugs,
- Population movement inside the country and,
- Poverty.

THE GAMBIA

Capital: Banjul

Major Cities/Towns: Serrekunda, Mansa Konko, George Town, Kerewan Basse Brikama.

Population: 1,593,256 inhabitants

Annual Population Growth: 3.3%

Life Expectancy at birth (years): 57.1

Infant Mortality (for 1000): 81

Adult Sero-prevalence (15 to 49 years): 1.2% (0.3%-4.2%)

Estimated number of PLWHA (15 to 49 years): 6,300 (1,700-23,000)

Estimated number of PLWHA (0 to 49 years): 6,800 (1,800-24,000)

HIV/AIDS related deaths (adults and children) in 2003: 600

Analysis of the situation

In 2000-2001 the country put in place a strategic plan and watchdog structures in health centres and hospitals in order to facilitate the treatment of the patients

and especially pregnant women. Religious organisations like the CHURCHES are very active in the fight.

Determinants:

- Poverty,
- Tourism,
- Trade with Senegal,
- Significant prevalence of opportunistic diseases (tuberculosis and malaria),
- Socio-cultural obstacles (polygamy, levirate) and,
- Stigmatisation and discrimination against PLWHA.

GHANA

Capital: Accra

Major Cities/Towns: Kumasi, Sekondi-Takoradi, Tamale, Tema, Cape Coast, Koforidua

Population 20,922,000 inhabitants

Annual Population Growth: 2.7%

Life Expectancy at birth M/F (years): 57.0/60.0

Infant Mortality M/F (for 1000): 99/92

Adult Mortality M/F (for 1000): 352/295

Adult Sero-prevalence (15 to 49 years): 3.1% (1.9%-5.0%)

Estimated number of PLWHA (15 to 49 years): 320,000 (200,000-520,000)

Estimated number of PLWHA (0 to 49 years): 350,000 (210,000-560,000)

HIV/AIDS related deaths (adults and children) in 2003: 30,000 (18,000-49,000)

Analysis of the situation

In 2005, Ghana ended the implementation of its first National HIV/AIDS Control Strategic Framework (2001-2005). One could observe a gradual increase in the sero-prevalence; this raises the challenge of redefining the targets within the framework of the prevention and treatment. The country is very active in the corridor project which brings together Nigeria, Benin, Togo, Ghana and Côte d'Ivoire.

Determinants:

- Poverty,
- Prostitution,
- Early sexual activity,
- Socio-cultural obstacles and,
- Trade and population movement along the Abidjan-Lagos corridor.

GUINEA

Capital: Conakry

Major Cities/Towns: Kankan, Kindia, Boffa, Boke, N'Zerekore.

Population: 9,467,866 (July 2005 estimate)

Annual Population Growth: 2.4%

Life Expectancy at birth (years): 52.3

Infant Mortality (for 1000): 94

Adult Sero-prevalence (15 to 49 years): 3.2% (1.2%-8.2%)

Estimate number of PLWHA (15 to 49 years): 130,000 (48,000-330,000)

Estimate number of PLWHA (0 to 49 years): 140,000 (51,000-360,000)

HIV/AIDS related deaths (adults and children) in 2003: 9,000 (23,000-50,000)

Analysis of the situation

The country put in place watchdog structures. In 2001, the sero-prevalence rate among pregnant women was 2.8%. There is also a relatively high rate of infection cases in urban areas. Surveys conducted among sex workers show that there is a sero-prevalence rate of about 42% among this group and 6.6% among the military, 7.3% among drivers and 4.7% among the miners.

Determinants:

- Economic crisis and poverty,
- Illiteracy,
- Rape (military and minors),
- Polygamy, Levirate, Sororate,
- The conditions of the women
- The denial of HIV and sex traffic,
- Conflicts : refugees and war displaced persons,
- Wrong perception of the HIV infection risk and,
- Migrations from neighbouring countries affected by political instability.

GUINEA-BISSAU

Capital: Bissau

Major cities/towns: Bafata, Cacheu, Gabù, Bolama, Buba, Farim Fulacunda Catio

Population: 1,538,000 inhabitants

Annual Population Growth: 3%

Life Expectancy at Birth (years): 47.2

Infant Mortality (for 1000) : 128

Adult sero-prevalence (15 to 49 years): 2.5%

Estimate number of PLWHA (00 to 49 years): 33,900

HIV/AIDS related deaths (adults and children) in 2003: 40

Analysis of the situation

The situation of armed conflict in the country does not allow having a reliable data covering the entire country. However, the watchdog structure among pregnant women shows that there is an average of 4.7% in Bissau. The new political situation with the recent elections should facilitate the implementation of a national HIV/AIDS control plan.

Determinants:

- Abject poverty,
- Migration flows,
- Religious and socio-cultural obstacles (FGM, levirate, sororate),
- Dislocation of health infrastructures,
- Tourism,
- Civil armed conflicts (refugees and displaced persons)
- Illiteracy and,
- Denial of HIV.

LIBERIA

Capital: Monrovia

Major Cities/Towns: Buchanan, Robertsport, GantaVoinjama.

Population: 3,487,000 inhabitants

Annual Population Growth: 4.6%

Life Expectancy at birth M/F (years): 40/43

Infant Mortality M/F (for 1000): 246/224

Adult Mortality M/F (for 1000): 590/484

Adult sero-prevalence (15 to 49 years): 5.9% (2.7%-12.4%)

Estimate number of PLWHA (15 to 49 years): 96,000 (44,000-200,000)

Estimate number of PLWHA (0 to 49 years): 100,000 (47,000-220,000)

HIV/AIDS related deaths (adults and children) in 2003: 7,200 (3,500-15,000)

Analysis of the situation

The country has just ended a 15 years civil war. Life should resume with the rehabilitation of the socio-sanitary infrastructures.

Determinants:

- Poverty,
- Consequences of the war,
- Prostitution and sexual traffic,
- Rapes,
- Multiple sex partners and,
- Economic crisis in the background.

MALI

Capital: Bamako

Major Cities/Towns: Ségou, Sikasso, Mopti, Gao, Kayes, Tombouctou, Taoudéni, Kidal.

Population: 13,007,000 inhabitants

Annual Population Growth: 2.8%

Life Expectancy at birth M/F (years): 44/46

Infant Mortality M/F (for 1000): 225/216

Adult Mortality M/F (for 1000): 486/427

Adult sero-prevalence (15 to 49 years): 1.9% (0.6%-5.9%)

Estimate number of PLWHA (15 to 49 years): 120,000 (40,000-380,000)

Estimate number of PLWHA (0 to 49 years): 140,000 (44,000-420,000)

HIV/AIDS related deaths (adults and children) in 2003: 12,000 (5,100-29,000)

Analysis of the situation

Mali is preparing a new national HIV/AIDS control plan. The first plan expired in 2005. One of the assets of this country is that the multi-sectorial approach of the fight against the pandemic has been reinforced. Mali has been benefiting since 2005 from three major funding (MAP, ADB, Global Funds), which shall be allocated to the prevention and to the Malian Initiative for access to antiretroviral.

Determinants:

- Migratory flows towards neighbouring and coastal countries,
- Tourism,
- Nomadic life and transhumance,
- Movement of the population due to drought,
- Denial of HIV
- Traditional practices (excision, and other initiation rites) and,
- Poverty.

MAURITANIA

Capital: Nouakchott

Major cities/towns: Nouâdhibou, Kaédi, Rosso, Fdêrik-Zouérat, Atar.

Population: 3,086,859 inhabitants

Annual Population Growth: 2.8%

Life Expectancy at birth (years): 52.1

Adult sero-prevalence (15 to 49 years): 0.3% -1%

Estimate number of PLWHA (0 to 49 years): 9,500

HIV/AIDS related deaths (adults and children) in 2003: 500

Analysis of the situation

The country is member of the Trans-Saharan Initiative called Caravan of Hope in the fight against HIV/AIDS. There is also the capacity building of health infrastructures and a significant involvement of women.

Determinants:

- Instable political situation,
- Cultural practices (polygamy, excision...),
- Refugees and displaced persons,
- Seasonal workers (fishermen),
- Nomadism and,
- Poverty.

NIGER

Capital: Niamey

Major cities/towns: Maradi, Zinder, Agadez, Tahoua, Arlit.

Population: 12,416,000 inhabitants

Annual Population Growth: 3.5%

Life Expectancy at birth M/F (years): 42/41

Infant Mortality M/F (for 1000): 258/265

Adult Mortality M/F (for 1000): 508/477

Adult sero-prevalence (15 to 49 years): 1.2% (0.7%-1.3%)

Estimate number of PLWHA (15 to 49 years): 64,000 (34,000-120,000)

Estimate number of PLWHA (0 to 49 years): 70,000 (36,000-130,000)

HIV/AIDS related deaths (adults and children) in 2003: 4,800 (2,300-9,800)

Analysis of the situation

The country experienced in 2005, drought, locust plague (locusts) and a severe food shortage. This situation put Niger in the lime light. This can be a factor of vulnerability of the population and especially of PLWHA. Besides, the country has a concerted HIV/AIDS control programme.

Determinants:

- Poverty,
- Seasonal workers, minors,
- Migratory flows towards coastal countries,
- Cultural practices (early marriage, excision, polygamy)
- Nomadism, transhumance and,
- Tourism.

NIGERIA

Capital: Abuja

Major cities/towns: Lagos, Kano, Ibadan, Kaduna, Ogbomosho, Oshogbo, Ilorin, Abeokuta, Port Harcourt.

Population: 128,770,000 inhabitants

Annual Population Growth: 2.8%

Life Expectancy at birth M/F (years): 45/46

Infant Mortality M/F (for 1000): 200/197

Adult Mortality M/F (for 1000): 511/470

Adult sero-prevalence (15 to 49 years): 5.4% (3.6%-8%)

Estimate number of PLWHA (15 to 49 years): 3,300,000 (2,200,000-4,900,000)

Estimate number of PLWHA (0 to 49 years): 3,600,000 (2,400,000-5,400,000)

HIV/AIDS related deaths (adults and children) in 2003: 310,000 (200,000-490,000)

Analysis of the situation

Nigeria is still facing several challenges in terms of HIV/AIDS. The number of PLWHA is still high as compared to other countries in the world except South Africa and India. The median prevalence among pregnant women is 4%. There is a stabilisation of the infection in the country. The only exception is the Cross River State where the infection rate increased from 4% in 1993-1994 to 12% in 2003.

Determinants:

- Poverty,
- Lack of adequate knowledge concerning prevention,
- Wrong perception of the risk and denial of HIV,
- Gender inequality, marginalisation of young girls and women and human trafficking,
- Narcotic Drugs traffic,
- Migratory flows,
- Polygamy,
- Conflict situation in the Niger Delta region,
- Seasonal workers in the mining and oil zones,
- Prostitution of minors,
- Religious and political tensions,
- Vulnerability of the youth (60% of the population is less than 24 years) and,
- Stigmatisation and discrimination against PLWHA.

SENEGAL

Capital: Dakar

Major Cities/Towns: Thiès, Kaolack, St-Louis, Ziguinchor, Diourbel.

Population: 10,095,000

Annual Population Growth: 2.4%

Life Expectancy at birth M/F (years): 54/57
 Infant Mortality M/F (for 1000): 142/132
 Adult Mortality M/F (for 1000): 350/280
 Adult sero-prevalence (15 to 49 years): 0.8% (0.4%-1.7%)
 Estimate number of PLWHA (15 to 49 years): 41,000 (21,000-83,000)
 Estimate number of PLWHA (0 to 49 years): 44,000 (22,000-89,000)
 HIV/AIDS related deaths (adults and children) in 2003: 3,500 (1,900-6,500)

Analysis of the situation

The country is mentioned as an example to copy in the fight against HIV in Africa. Senegal has strong and modern infrastructures for the prevention, treatment and care for PLWHA. However, the population movements related to the recent flood can constitute risk factors.

Determinants:

- Poverty,
- Illiteracy
- Early marriage and sexual relations,
- Migration and,
- Prostitution.

SIERRA LEONE

Capital: Freetown
 Major Cities/Towns: Koindu, Kenema, Bô, Makeni.
 Population: 4,900,000
 Annual Population Growth: 1.5%
 Life Expectancy at birth (years): 34
 Infant Mortality (for 1000): 181
 Adult sero-prevalence (15 to 49 years): 3%
 Estimate number of PLWHA (15 to 49 years): Not Available
 Estimate number of PLWHA (0 to 49 years): Nor Available
 HIV/AIDS related deaths (adults and children) in 2003: Not Available

Analysis of the situation

Sierra Leone ended in 2002 a civil war which was a handicap to development initiatives. The country is therefore undergoing serious rehabilitation works and must face several challenges regarding HIV/AIDS. In 2002, surveys conducted in the population revealed that the sero-prevalence rate is between 1 and 6% across the country and 3% in the capital city. Besides, it is important to take into account the return from exile of refugees.

Determinants:

- Poverty,
- Consequences of the civil war (5 to 10,000 rapes, 10,000 child soldiers),
- Harmful cultural practices (excision),
- Migratory flows,
- Return of refugees and displaced persons and,
- Multiple sexual partners.

TOGO

Capital: Lomé

Major Cities/Towns: Aného, Kpalimé, Atakpame, Sokodé, Bassar, Kara, Dapaong.

Population: 5,680,000 inhabitants

Annual Population Growth: 2.9%

Life Expectancy at birth M/F (years): 71/71

Infant Mortality M/F (for 1000): 24/15

Adult Mortality M/F (for 1000): 155/188

Adult sero-prevalence (15 to 49 years): 4.1% (2.7%-6.4%)

Estimate number of PLWHA (15 to 49 years): 96,000 (61,000-150,000)

Estimate number of PLWHA (0 to 49 years): 110,000 (67,000-170,000)

HIV/AIDS related deaths (adults and children) in 2003: 10,000 (6,400-16,000)

Analyse of the situation

The country has a good HIV/AIDS control programme. However, the various socio-political crisis experienced by Togo with the departure in exile of thousands of people is a contamination risk factor. Besides, Togo is also the centre of several migratory movements (along the Corridor and towards the hinterland). There is also a non effective involvement of PLWHA in the fight.

Determinants:

- Poverty and the economic crisis affecting the country and the suspension of international aids since 1993,
- Prostitution, proxenetism and paedophilia,
- Obstacles of the tradition (polygamy),
- Multiple sexual partners,
- Inadequate health facilities,
- Lack of clear cut policy on the fight,
- Harmful cultural practices (initiation rites, excision),
- Drug abuse and,
- Migratory flows.

CONCLUSION

The information contained in this booklet show that the major determinants which facilitate the rapid development of the infection are among others:

- Poverty,
- Ignorance and illiteracy,
- Civil and armed conflicts,
- Migratory flows,
- Prostitution,
- Multiple sexual partners,
- The situation of the vulnerability of the woman,
- Persistence of harmful practices (levirate, sororate, intravenous injection of neurotropic substances, narcotic drugs),
- Forced marriage, early sexual relationships and,
- Tourism.

To this effect, the following actions must be undertaken especially in the Churches:

- Scaling up of sensitisation and prevention and literacy programmes for women and the youth in the parishes;
- Reinforcement or development of training programmes for peer educators;
- Reinforcement of sex education for the youth, especially for the young girls ;
- Formulation of a community response to the HIV/AIDS infection aiming at capacity building of women and the dissemination of the Mother to Child Transmission Prevention programme;
- Reinforcement of resource mobilisation both human and material for affected peoples;
- Daily fight against discrimination and stigmatisation;
- Use of church information services (Newsletters, radio, television, etc.);
- Promotion and encouragement of voluntary counselling and testing in order to give the appropriate treatment and care;
- Commitment of the ministry to advocate in favour of PLWHA for their easy access to treatment and care;
- Emphasis on the important role of the family in the prevention, treatment and care.

This list of actions is neither exhaustive nor limited. It should therefore be considered as a proposal to be enriched and adapted to the need of each context. The salvation of our populations who are more than ever compelled to make a vital final jump in the fight of the AIDS pandemic shall depend on the timely implementation of these actions.

