

HIV PREVENTION HANDBOOK



BEST PRACTICES FOR LEGISLATORS

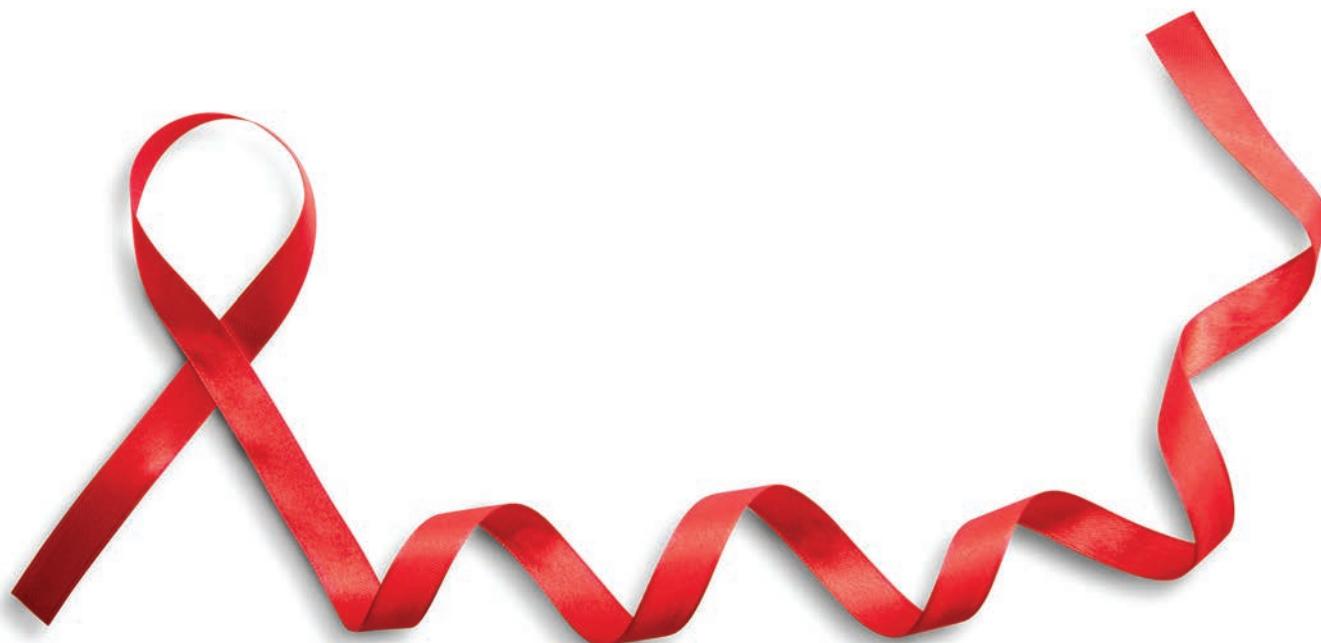
global equality caucus





BEST PRACTICES FOR LEGISLATORS

WESTERN & CENTRAL AFRICA: FIRST EDITION



global
equality
caucus



The HIV Prevention Handbook

is a product of the Global Equality Caucus, part of a wider programme to bring the impact of the HIV epidemic on LGBT+ populations to the attention of legislators. The handbook outlines different prevention strategies and how legislators can advocate in their assemblies for policies that will end the epidemic.

This handbook focuses on Western Africa and Central Africa.

First Edition
November 2025

The Global Equality Caucus (<https://www.equalitycaucus.org>)

is an international network of parliamentarians and elected representatives dedicated to tackling discrimination against LGBT+ people. Membership is open to any current or former elected official who supports LGBT+ equality, regardless of their sexual orientation, gender identity or sex characteristics.

Our members, in partnership with civil society organisations, LGBT-inclusive businesses, and our global network of public supporters, push for laws in their jurisdictions that aim to improve the lives of LGBT+ people. Our work covers multiple strands, including advocating for decriminalisation, anti-discrimination laws, improved data monitoring, better funding for LGBT+ organisations, and higher standards in the provision of healthcare for LGBT+ people.

The Elton John AIDS Foundation

is a non-profit organisation that supports innovative HIV programming through fundraising and partnerships. Production of this handbook is supported by an Elton John AIDS Foundation grant.

ViiV Healthcare

is a specialist pharmaceutical company dedicated to HIV medicines and research. The Caucus' HIV Prevention project is supported by ViiV Healthcare.

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Foreword

The Hon. Moima Briggs-Mensah
Member of the Liberia House
of Representatives



This Handbook arrives at a crucial moment. As global research continues to affirm the effectiveness of HIV prevention strategies including PrEP, condoms, regular testing, and messaging around U=U, we as legislators must ensure that these tools are accessible to all - especially populations historically left behind. The prioritising of integrated SRH and family planning, gender-affirming healthcare and meaningful youth engagement reflects a modern, people-centered approach that aligns with Liberia's growing commitment to equitable health systems and speaks to the need for a rights-based framework across Western & Central Africa.

From my experience as a parliamentarian in Liberia, one message continues to resonate: every human life is invaluable, and the protection of each citizen's health is both a legal responsibility and a moral duty of lawmakers. Liberia, like many countries across Western & Central Africa, continues to confront the realities of HIV as a persistent social epidemic. Yet, we also know that HIV is highly preventable when evidence-based strategies are matched with strong political will, inclusive policies, and community-centred implementation.

Across conferences and multilateral forums, I have witnessed the progress possible when legislators champion evidence over stigma, compassion over discrimination, and partnership over silence. Protecting the health of LGBT+ persons and other marginalised communities is not only a public health imperative, it is an affirmation of human rights, dignity, and justice.

By working together to create an inclusive legal environment, we can build a future where HIV is removed as a public health threat, communities are empowered, and no African citizen is left behind.

ABOUT THE HON. MOIMA BRIGGS-MENSAH

Hon. Moima Briggs-Mensah is an Independent member of the House of Representatives of Liberia. She is an advocate for women's rights and chairs the House Committee on Gender, Children, and Social Protection. As a member of the Women's Legislative Caucus of Liberia, her work focuses on gender equality and women's empowerment, and ensuring that every citizen's right to health is realised through equitable and inclusive policies.

Dr. Sadiatou Thiam
President of the Board of Directors, Coalition PLUS Africa

In our region of Western and Central Africa, the HIV epidemic remains a pressing challenge, despite notable progress in the scientific field. The fight against HIV faces numerous obstacles: persistent structural, social, and legal issues, exacerbating inequalities and hindering communities' access to prevention, testing, and treatment services. These challenges expose the most vulnerable people to stigma and social exclusion.

In this context, the engagement of African parliamentarians becomes more crucial than ever. This manual is intended for them, as a technical support and mobilising tool, inviting them to transform their ambitions into concrete and effective actions, at the legislative and budgetary levels.

The approach of Coalition PLUS is structured around rigorous advocacy, participatory research with the concerned populations, and the implementation of services adapted to local realities. The expertise and involvement of communities are fundamental: they push the boundaries of resilience, but their potential depends on a courageous overhaul of legal frameworks.

Today, repressive laws or those inherited from the past hinder access to healthcare, particularly for sexual and gender minorities, sex workers, and people who use drugs. The urgency is to establish a legislative and policy environment that protects, includes, and allows everyone to benefit equitably from services.

The responsibility of parliamentarians is decisive to advance access to innovations, strengthen sexual health, and guarantee non-discrimination and the real protection of human rights. Acting today makes the end of HIV/AIDS tangible and builds a united Africa where every voice counts.



ABOUT COALITION PLUS

Coalition PLUS is an international network of over 100 organisations leading the fight against HIV/AIDS and viral hepatitis, placing equitable access to healthcare for marginalised communities at the heart of its mission. Its strategy is built around three core areas: political advocacy, the direct provision of prevention and care services, and community-based research. The network actively campaigns for the recognition of human rights, the adoption of inclusive public policies, and the empowerment of affected communities in the HIV response.

The HIV epidemic

FACTS AND FIGURES

Current state of the epidemic

The HIV epidemic is into its fifth decade. Since the first identified cases in the 1980s, **around 40 million people have died of HIV-related illnesses globally**.



Due to advances in science and medicine, HIV is now a manageable chronic condition if treated properly and it cannot be transmitted if a person living with HIV is virally suppressed.

Ongoing epidemic: global statistics (2024)

40.8 million people currently living with HIV

1.3 million people contracted HIV

630,000 people died from AIDS-related illnesses

31.6 million people accessing antiretroviral therapy

91.4 million people contracted HIV since the start of the epidemic

Source: UNAIDS 2025

KEY POPULATIONS

Key populations are defined as certain communities who are disproportionately impacted by HIV:

- Gay & bisexual men and other men who have sex with men (MSM)
- Transgender people
- Sex workers and their clients
- People who inject and use drugs

In 2022, globally, key populations and their sexual partners accounted for:



Why are LGBT+ people disproportionately affected by HIV?

- Laws that criminalise LGBT+ people
- Laws that restrict access to healthcare, employment and housing for LGBT+ people
- Cultural shame and difficult family relationships meaning there is no support network
- Fear of harassment or prejudice dissuading people from getting tested or treated



THE CHANCE OF ACQUIRING HIV IS:

26 x
higher

in men who have sex with men than general adult population

13 x
higher

for transgender people than general adult population

Ending the epidemic: 95-95-95

We can end the HIV epidemic within a matter of years but it will take a concerted push by lawmakers to ensure governments are meeting internationally agreed targets. All UN Member States are committed to ending the epidemic by 2030 by meeting the following targets:

95%

of people living with HIV should know their status by 2025

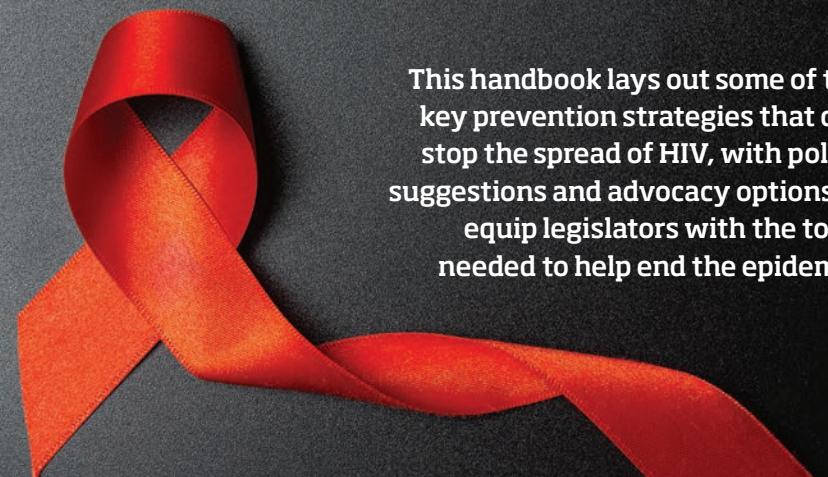
95%

of people who know their status should be accessing treatment

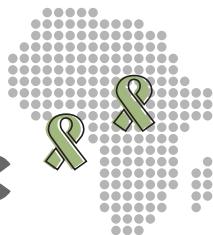
95%

of people accessing treatment should be virally suppressed

In 2024, these percentages stood at **87-89-94**. There is work to do.



This handbook lays out some of the key prevention strategies that can stop the spread of HIV, with policy suggestions and advocacy options to equip legislators with the tools needed to help end the epidemic.



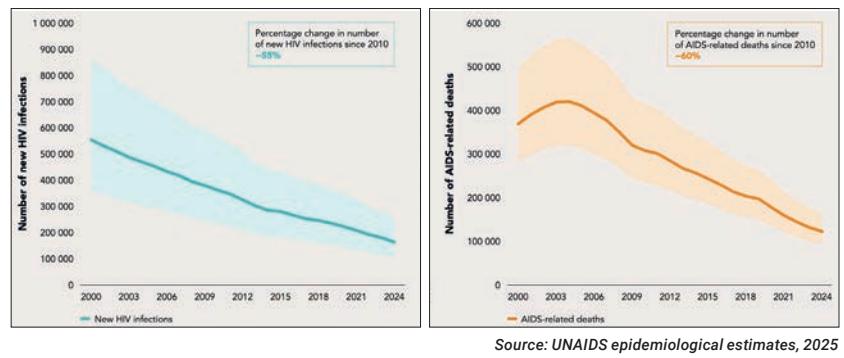
The HIV epidemic

IN WESTERN & CENTRAL AFRICA

Western & Central Africa has seen a sustained decrease in new HIV infections but remains a challenging region in the epidemic response. **The region accounts for 13% of annual new HIV infections globally**, with prevalence disproportionately high amongst marginalised populations.

Between 2010 and 2024, the annual number of people who contracted HIV fell by 55%, from 360,000 to around 160,000. AIDS-related deaths have decreased by 60% in the same time period.

NEW HIV INFECTIONS AND AIDS-RELATED DEATHS, WESTERN & CENTRAL AFRICA, 2000-2024



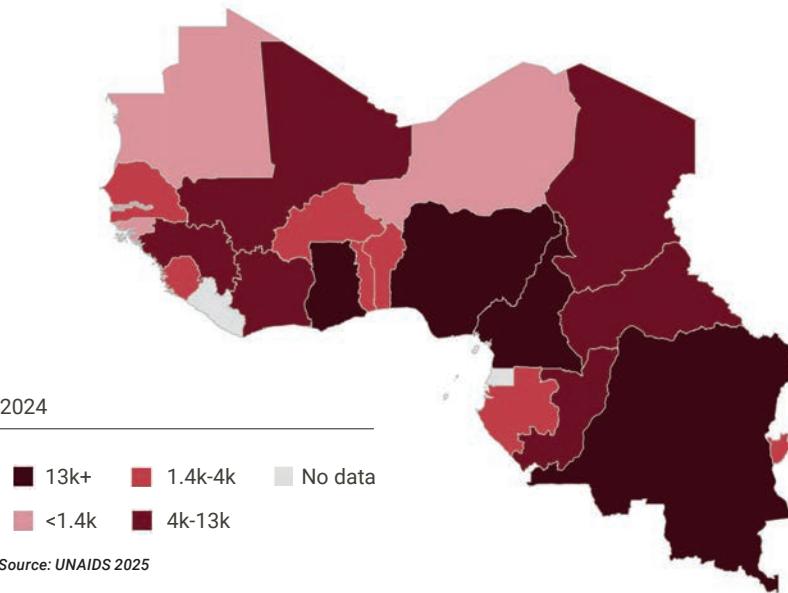
Structural barriers continue to impede the HIV response

- Increasing anti-LGBT+ and anti-gender rhetoric is affecting the way marginalised communities, including women and girls, access vital services including sexual and reproductive healthcare
- Most countries still criminalise same-sex relations, sex work or drug use
- Many countries retain HIV-specific criminal laws on their statute books, reinforcing discriminatory attitudes towards people living with HIV
- Major social barriers persist, including gender inequalities, poverty and social exclusion - preventing key populations from realising their right to health

WHAT IS DRIVING NEW INFECTIONS?

- Adolescent girls and young women (aged 15-24) account for 19% of new infections.
- While the median HIV prevalence amongst adults (aged 15-49) is 1.1%, it is 9.1% for MSM and 28.8% for transgender people.
- It is important to sustain funding and increase investment in targeted prevention efforts, ensuring the HIV response is equitable and reaching the right communities.

NEW HIV INFECTIONS (2024) IN THE WESTERN & CENTRAL AFRICA REGION



Progress towards 95-95-95 targets

81% of people living with HIV know their status

94% of people who know their status are accessing treatment

92% of people accessing treatment are virally suppressed

HIV prevention

IN WESTERN & CENTRAL AFRICA



Ending the epidemic by preventing new infections

To prevent new HIV infections, countries must continue to implement a number of prevention strategies that ensure populations disproportionately impacted by the epidemic are receiving the right care.

This includes a **combination of healthcare interventions and structural interventions** to create an environment that limits exposure to HIV, widens access to treatment for people living with HIV, and dismantles stigma and discriminatory attitudes promoting a human rights-based framework over criminal penalisation.

The roadmap endorsed by UNAIDS lays out a 10 Point Plan to address these gaps in prevention, including data-driven, target-driven approaches that strengthen community-led responses and remove legal barriers.

This handbook highlights several prevention options that most effectively deal with the epidemic in Western & Central Africa:



Expanding access to testing for both HIV and other sexually transmitted infections pp.14-15



Increasing the availability of PrEP pp.16-17



Effectively treating people living with HIV so their viral load is undetectable and untransmittable pp.18-19



Promoting condom use and making condoms more widely available pp.20-21



Ensuring systems are affirming the healthcare needs of trans people pp.22-23



Linking sexual & reproductive health services with family planning pp.24-25



Engaging young people on HIV prevention through education and awareness initiatives pp.26-27

ROLE OF LEGISLATORS

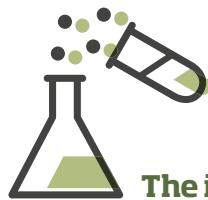
Legislators have a key role to play in tackling the epidemic in Western & Central Africa. They have the power to pass laws, vote funds, influence debate, and hold governments to account.

By exercising these powers, legislators can help to improve understanding about HIV, broaden access to HIV services, institute prevention options, and ensure governments are implementing programmes effectively.

Pass Laws	Vote Funds	Influence Debate	Accountability
Destigmatise & decriminalise HIV.	Ensure HIV testing, prevention and treatment services have adequate funding.	Dispel misunderstandings about HIV to media and by educating colleagues.	Make representations to ministers to ensure they are implementing HIV programmes.
Introduce anti-discrimination laws for key populations, including trans people.	Ensure health budgets have ringfenced funding to meet HIV targets.	Give a platform to community voices and raise their concerns in parliament.	Push for transparency & objectivity in HIV surveillance data.

Following these general principles, in the pages that follow we identify tailored policies and options for legislators for each of the key prevention strategies.

Each information sheet draws on the experiences of communities and lawmakers in Western & Central Africa and uses data specific to the region. Headline suggestions and principles may still be of use to legislators elsewhere.



Testing

The importance of testing

Globally, around 87% of people living with HIV are aware of their status. In Western & Central Africa, recent estimates put this percentage at 81%. This indicates that while progress has been made, the regional average is below the global average and significantly lags behind testing efforts in Eastern & Southern Africa (93% in 2024).

Testing for HIV is an entry point to prevention, treatment and care. Affordable and accessible HIV testing is the vital prerequisite for the 95-95-95 cascade targets.

Between 2000 and 2023, knowledge of HIV status increased from 3% to 89% in Western Africa and 2% to 84% in Central Africa.

THE CHALLENGES OF TESTING

Knowing one's HIV status is the most fundamental part of prevention, but the 95% target will not be reached if there continue to be barriers that stop people accessing testing services:

- Cultural and societal attitudes that stigmatise people living with HIV
- Legal barriers and discriminatory policies against key populations
- Lack of standardised care and inequalities in sexual & reproductive health services for men compared to adolescent girls and young women
- Limited funding for free and accessible testing of sexually transmitted infections
- Concerns that testing may not be anonymous, with tight-knit communities sharing the same family doctors and clinicians

How to widen access to testing

Health systems in Western & Central Africa are often chronically underfunded and overstretched, leading to gaps in essential services like STI testing. This directly weakens the foundation of the HIV response by limiting the entry point into care. To build resilient and accessible systems, international health organisations including UNAIDS and WHO recommend the diversification of testing access. Lawmakers are encouraged to grant regulatory approval for a range of HIV testing approaches to meet people where they are:

01	02	03	04	05
Facility-based testing	Community-based testing	At-home testing kits	Partner services	Social network-based testing

While differentiated approaches are being rolled out across Western & Central Africa, knowledge about options such as self-testing remains low. Further work is needed to ensure people know which channels are available to access HIV tests.

CASE STUDY

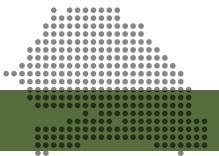
DIFFERENTIATED TESTING IN SENEGAL

- ✿ Although Senegal has a low national HIV prevalence, the epidemic is concentrated amongst key populations like MSM and sex workers, who face significant stigma and legal barriers that limit their access to traditional health services.
- ✿ The government's National AIDS Control Programme adopted a pragmatic, public health-focused strategy, revising its approach in the early 2000s to formally partner with community-based organisations representing these key populations.
- ✿ The Ministry of Health and Prevention partnered with organisations like Enda Santé and the Global Fund to establish dedicated "one-stop-shop" health centres that provide integrated, confidential, and stigma-free HIV testing, treatment, and other health services.
- ✿ In a pioneering move, the programme trained and authorised peer educators from within key populations to conduct outreach and provide community-based HIV testing, leading to a significant increase in testing uptake and a greater than 80% rate of antiretroviral therapy coverage amongst those diagnosed.
- ✿ There is a challenge in replicating this successful model beyond major urban centres like Dakar, which is being addressed by expanding mobile services and strengthening community health networks in rural areas.
- ✿ While the legal environment remains challenging, the government's official collaboration with community leaders continues to be a critical factor in reaching a group that urgently needs an entry point into care free from discrimination.

What can legislators do?



- ▶ Ensure governments are implementing a national HIV testing strategy that incorporates a monitoring and evaluation framework.
- ▶ Provide resources for clinics and NGOs to expand community-based testing and monitoring, helping to reach isolated and marginalised populations.
- ▶ Sustain commitments to fund facility-based testing, ensuring those testing positive are linked to further comprehensive care.
- ▶ Ensure the law allows for testing outside of clinical settings, making self-testing and online delivery models available.
- ▶ Promote education campaigns about differentiated testing options and work with community partners to tackle stigmas associated with testing.
- ▶ Scale-up routine HIV testing in all healthcare settings, such as in primary care.





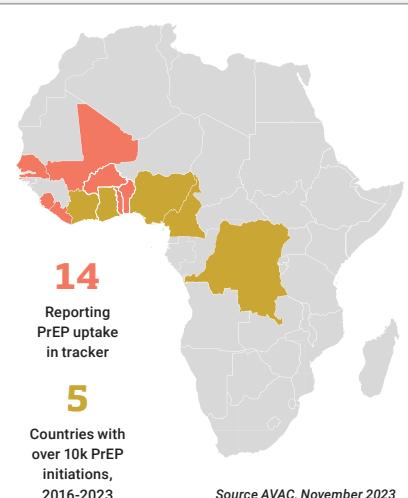
If taken as prescribed, PrEP is **99% effective in preventing HIV infection.**

Pre-exposure Prophylaxis (PrEP): a combination drug usually taken orally as a single tablet by HIV-negative people to prevent HIV infection.

THE NEED TO KEEP PACE WITH NEW PREP INNOVATIONS

By the end of 2023, five Western & Central African countries had surpassed 10,000 oral PrEP initiations. As of November 2025, Nigeria alone reports over 715,000 cumulative initiations. Despite this success, countries in the region account for only 14% of PrEP initiations recorded in Africa, compared to 85% in Eastern and Southern Africa.

Initiations in the region continue to be driven by oral PrEP despite biomedical innovations in delivery, including longer-acting injectable PrEP (CAB for PrEP) and a vaginal ring (DVR). Nigeria and Côte d'Ivoire have granted regulatory approval to CAB for PrEP but the overall landscape of access to PrEP options remains limited when compared to Eastern & Southern Africa.



Addressing inequities in PrEP provision

While oral PrEP has been introduced in most countries in Western & Central Africa, uptake has been significantly slower and more limited than in Eastern & Southern Africa, failing to match the scale of the epidemic amongst key populations.

Fragmented funding and implementation have led to uncoordinated pilot programmes, often dependent on short-term international donors, meaning resources have not been optimised and sustainable national pathways are lacking.

While the primary focus of many initial programmes has been on adolescent girls and young women and serodiscordant couples, key populations have been largely overlooked in national planning and data systems, leading to their near-complete exclusion from services. Stigma from healthcare providers and criminalising laws further prevent access.

There is an urgent need for stronger national leadership and coordination. A cohesive, government-led national rollout strategy - underpinned by a robust monitoring framework that disaggregates data by key populations - is essential to guide partner implementation, identify gaps, and efficiently plan for the introduction of new innovations like long-acting injectables.



CASE STUDY

PREP ROLLOUT IN NIGERIA

- * In 2016, Nigeria approved oral PrEP and subsequently integrated it into its national HIV guidelines, aiming to curb one of the world's largest HIV epidemics, which is concentrated amongst key populations.
- * The national rollout adopted a targeted approach, focusing on serodiscordant couples, sex workers, MSM, and adolescent girls and young women in high-burden states.
- * Policy leadership was provided by the National Agency for the Control of AIDS (NACA), which coordinated a multi-stakeholder Technical Working Group involving the Ministry of Health, PEPFAR implementing partners (e.g., Heartland Alliance, Caritas Nigeria), and local CSOs to drive implementation and develop service delivery guidelines.
- * Initial pilot projects demonstrated high demand and acceptability. A study in Abuja showed 92% of offered sex workers initiated PrEP. However, national scale-up has been slow and uneven, with significant gaps in reaching MSM and transgender individuals due to stigma and criminalisation. Continuation rates beyond three months remain a major challenge.
- * In a pivotal step, Nigeria has granted regulatory approval to CAB for PrEP, and there is hope that this long-acting injectable will help overcome stigma by limiting the visibility of collecting oral PrEP pills from a dispenser.

What can legislators do?



- ▶ Support a policy environment that scales up distribution and access to PrEP.
- ▶ Approve funding for national delivery models that incorporate monitoring and evaluation of uptake amongst different priority populations.
- ▶ Prioritise domestic resource mobilisation to drive sustainability in programming.
- ▶ Approve regulatory frameworks that enable the rollout of new technologies such as long-acting injectable PrEP, helping to overcome problems with continuation and adherence.
- ▶ Widen access by supporting delivery models that are simplified, demedicalised and digitalised, including support for civil society groups to act as in-community providers where appropriate.
- ▶ Tell your colleagues about PrEP and collectively push for targeted education campaigns.
- ▶ Continue to engage with key stakeholders and community voices, ensuring PrEP provision is meeting the needs of those who need it most.



UNDETECTABLE = UNTRANSMITTABLE



When a person diagnosed with HIV is on effective treatment and their **viral load is suppressed** to undetectable levels, **they cannot pass on HIV** during sex.

Antiretroviral therapy

HIV prevention should not be targeted solely at HIV-negative people. The epidemic can also be controlled by **ensuring people living with HIV are on effective treatment**. Antiretroviral therapy (ART) has existed since the 1990s. If ART is taken properly and the level of HIV in the blood is **undetectable** then there is **effectively zero chance of a person living with HIV passing the virus onto an HIV-negative partner** even if a condom isn't used.

This only applies to sexual transmission, and other STIs can still be passed on if sex is unprotected.



Quality HIV Care

Ensuring a baseline standard in HIV healthcare, with services resourced to treat people living with HIV without stigma and discrimination



Testing & Treatment

Making testing and treatment accessible and affordable, with regular viral load testing for people living with HIV



Retention

Keeping people living with HIV engaged with health services and making sure they are taking ART as directed



CASE STUDY

U=U CAMPAIGN IN CAMEROON

- * A national U=U campaign was officially launched in Cameroon in 2022, spearheaded by the National AIDS Control Committee (NACC) in partnership with the Cameroonian Network of Organisations for People Living with HIV (RECOPERCAM).
- * The campaign strategy centrally involved people living with HIV as peer educators, who were trained to disseminate U=U messages within their communities and healthcare facilities to combat stigma, improve adherence to ART, and encourage treatment initiation.
- * According to UNAIDS data, this community-led effort has contributed to progress in Cameroon's HIV response, with viral load suppression among adults on ART rising from 74% in 2020 to 80% in 2022, and new HIV infections declining by 18% between 2010 and 2021.
- * A significant challenge remains in expanding U=U awareness beyond urban centres and ensuring that healthcare workers are uniformly trained to deliver and champion the message, which is crucial for linking young people and key populations to sustained care.

What can legislators do?



- ▶ Promote U=U education campaigns - especially those targeted at communities with high rates of HIV incidence - and train clinicians to discuss U=U.
- ▶ Scale up testing programmes, ensuring they are properly funded and providers are supported in delivering regular viral load monitoring.
- ▶ Pass laws that contribute to a stigma-free environment, giving marginalised communities the confidence to access testing and treatment services.
- ▶ Pressure governments to ensure HIV treatment is free and accessible for all who need it.
- ▶ Support healthcare providers to make the pipeline from diagnosis to treatment as short as possible.
- ▶ Engage meaningfully with community groups offering direct treatment services to key populations to ensure adherence and continuity.



Condoms

Studies show condoms reduce the chance of HIV transmission by 85-91% when used correctly.

Effectiveness in reducing exposure

Condoms are the only prevention tool available that combine protection against HIV, sexually transmitted infections and unintended pregnancies.

Both male and female condoms serve as an effective physical barrier to the exchange of bodily fluids during sex and help prevent transmission of various STIs, including HIV.

Likelihood of transmission is further reduced when condoms are used in combination with other prevention tools such as PrEP.

Condom use in Western & Central Africa

Condom promotion and use in Western & Central Africa is low. Despite being a cornerstone of prevention, condom usage varies significantly by country and is declining in many of them, hampered by both systemic and social barriers:

- **Lack of funding:** international funding for condom and water-based lubricant procurement in the region has been decreasing, with domestic funding not meeting the shortfall
- **Supply chains:** Procurement and supply chain management systems remain weak, meaning providers like pharmacies and community groups may not have affordable and consistent stock
- **Gender gap:** distribution of female condoms remains low, despite the epidemic's disproportionate impact on adolescent girls and young women, and gender dynamics influence the way condom use is negotiated between partners
- **Manufacturing:** most condoms are manufactured outside of the African continent, which can add to procurement costs

Additionally, cultural concerns about condom use can hinder usage with moral objections to contraception continuing to inform societal acceptance of condoms.

Water-based lubricants are also not always readily available, and incorrect or improvised lubricants can negatively impact condom effectiveness.



CASE STUDY

REBUILDING A CONDOM DISTRIBUTION PROGRAMME IN LIBERIA

- ✿ Following years of civil conflict that devastated its health infrastructure, Liberia faced a critical shortage of condoms and public health messaging. To combat this, the Ministry of Health, with partners like UNFPA and the Global Fund, launched a concerted effort to rebuild a national condom distribution programme.
- ✿ The strategy had two pillars: first, to re-establish a reliable public sector supply chain by integrating condom distribution into the rebuilt national health system; and second, to stimulate a commercial market through the social marketing of a specific brand, making condoms available in private pharmacies and shops.
- ✿ The programme utilised a network of community health workers to distribute free condoms in remote and rural areas, ensuring access beyond urban centres. Peer educators were also deployed to target places like bars, clubs, and mining communities.
- ✿ A nationwide campaign - "No Glove, No Love" - used radio, community events, and local influencers to destigmatise condom use, emphasising dual protection from HIV and unintended pregnancy in a relatable and culturally resonant way.
- ✿ This integrated approach successfully re-established condom availability across the country and began to shift social norms. A persistent challenge is ensuring long-term funding stability and combating persistent myths and gender-based power dynamics that can hinder consistent use.

What can legislators do?



- ▶ Implement national condom strategies focused on improving supply chains and procurement.
- ▶ Approve funding for condom and water-based lubricant distribution programmes and work with NGOs on community outreach and education.
- ▶ Ensure governments are promoting condom use in public health messaging.
- ▶ Support and promote comprehensive sex education programmes for young people in all their diversity.
- ▶ Remove stigmatising and/or punitive restrictions on key populations who rely on condoms for prevention, including sex workers.
- ▶ Promote initiatives that provide free condoms and water-based lubricant in bars, clubs and hotels.

Gender-affirming care

Trans people are a key population impacted by the HIV epidemic, but inadequate provision of gender-affirming care can negatively impact their relationship with HIV services.

Globally, trans people are around 13 times more likely to be living with HIV than other adults of reproductive age. Trans women are particularly impacted by the epidemic, with **HIV prevalence amongst trans women estimated to be 13.5% in Western & Central Africa**.

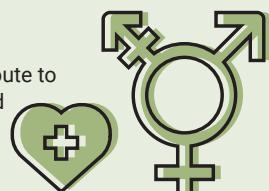
There is **virtually zero legal recognition and clinical support** for trans people across the region, who face discrimination and health systems ill-equipped to meet their healthcare needs.

WHAT BARRIERS EXIST FOR TRANS PEOPLE IN HIV PREVENTION?

Legal environment most countries in the region do not recognise trans identities and have no legal mechanism for changing gender, meaning trans people can find it difficult to access public health services	Lack of healthcare access health insurance providers may not cover trans people, and discrimination by clinical staff may dissuade trans people from accessing resources such as PrEP and HIV testing	Lack of services for trans people clinics may lack specialisation in trans healthcare, and mental health services and harm reduction initiatives may not be targeted at trans populations
Inadequate data monitoring no legal recognition means trans people may not be included in HIV data monitoring, meaning services cannot be targeted if there is limited understanding of how the epidemic is impacting them	Wider stigma & discrimination familial and societal stigmas mean trans people are disproportionately affected by isolation and poverty, which increases exposure to drug use and sex work	

Addressing inequities

Targeted interventions for different key populations are the route to tackling inequities. Involving trans voices in policymaking and creating conditions that afford trans people autonomy when accessing healthcare can help to ensure a differentiated and equitable approach to HIV prevention.



CASE STUDY

PEER NETWORKS AND LINKAGE TO HEALTHCARE IN GHANA

- * Trans people in Ghana face extreme stigma, violence, and discrimination, creating profound barriers to healthcare.
- * Facing a hostile and deteriorating legal environment, community-based organisations like LGBT+ Rights Ghana and the Centre for Popular Education and Human Rights have become the primary providers of safe health services for trans individuals.
- * The model is built on confidential peer networks and digital outreach. For safety, much of the communication and support occurs through trusted, closed networks and secure digital platforms, where peer educators provide vital health information as well as condoms and lubricants.
- * These organisations act as a critical bridge to affirming healthcare providers, referring community members to these safe clinics for confidential HIV testing, STI screening, and psychosocial support in a safer, non-judgmental environment. While full gender-affirming medical care is inaccessible, this network provides essential health monitoring and linkage to care.
- * With lawmakers in Ghana seeking to introduce harsher laws that further penalise LGBT+ identities and advocacy, there is a critical need for stakeholders to come together to design sustainable, inclusive policies in the country's HIV response.

What can legislators do?



- Pass laws that afford trans people dignity and autonomy, including decriminalisation of LGBT+ people, easier processes to change legal gender and anti-discrimination protections.
- Challenge anti-gender and anti-LGBT+ rhetoric, which dehumanises people & turns them away from life-saving care.
- Compel health systems and insurance providers to cover the healthcare needs of trans people and approve budgets that equip practitioners to deliver specialised care.
- Promote HIV prevention campaigns that reach trans people, including harm reduction initiatives and targeted messaging on PrEP, condoms and U=U.
- Work with trans people and civil society organisations to identify trans inequities not just in healthcare but in education, employment and housing.
- Recognise trans people are a key population and ensure the impact of the epidemic on trans people is reflected in disaggregated national data, using detailed data on trans populations to understand different needs and help design targeted interventions.
- Advocate where needed for the domestication of international protocols on transinclusive healthcare services that can link to retention in treatment and care.



Linkage with family planning

The HIV burden is more pronounced for women across Africa compared to other parts of the world. While the overall HIV prevalence in Western & Central Africa is lower than in Southern Africa, gender inequalities make women more vulnerable to new infections.

Women aged 15 years and over account for approximately 58% of all people living with HIV in Western & Central Africa. Adolescent girls and young women (aged 15-24) are especially impacted, accounting for **one in four new HIV infections** in the region despite representing a much smaller proportion of the population.

ADOLESCENT GIRLS AND YOUNG WOMEN

Adolescent girls and young women face additional barriers to accessing HIV prevention tools and health services:



EDUCATION

Western & Central Africa has some of the world's lowest rates of secondary school completion for girls. In Central Africa, only 42% of girls complete lower secondary school, meaning most miss out on comprehensive sexual & reproductive health education



POVERTY

A significant gender gap in employment forces many young women into economically dependent relationships. This lack of financial autonomy can limit women's ability to regularly engage with health services



SOCIAL EXPECTATIONS

High rates of child marriage and expectations on young women to bear children can restrict decision-making power over their own bodies. Fear of intimate partner violence is a major barrier to negotiating contraceptive use

Integrating HIV, sexual & reproductive health services

Providing family planning services and HIV healthcare under one umbrella can help to support adolescent girls & young women who may otherwise not be able to access certain aspects of care.

Integrated services can help to educate about avoiding unintended pregnancies and HIV exposure at the same time, providing holistic care including contraception, community support for families, and linkage to testing and treatment. They can also provide support for LGBT+ people, who also benefit from learning about family planning.

With a new combination drug combining contraception with PrEP due for regulatory approval in the next few years, integrated services are more important than ever to streamline the experience of women when accessing healthcare services.

CASE STUDY

INTEGRATING HEALTH SERVICES IN COTE D'IVOIRE

- ✿ Approximately 4.8% of women of reproductive age (15-49) are living with HIV in Côte d'Ivoire and an estimated 43% of pregnancies are unintended.
- ✿ The Ivorian government, with partners like the Global Fund and PEPFAR, has strengthened the National Programme for Adolescent and Youth Health (PNSAJ) in its efforts to integrate HIV services with family planning and maternal health programmes.
- ✿ PNSAJ trains healthcare workers in primary health centres to provide holistic care, including HIV testing, counselling and PrEP information during every family planning consultation, and contraceptive support during routine visits for people living with HIV.
- ✿ Nationally, over 90% of pregnant women attending antenatal care are tested for HIV, and of those identified as positive, over 89% are receiving antiretroviral therapy to prevent mother-to-child transmission.
- ✿ This push for integrated service delivery is a cornerstone of Côte d'Ivoire's strategy to address both HIV and unintended pregnancy and to advance towards the 95-95- 95 targets.

What can legislators do?



- ▶ Support initiatives that link family planning services with HIV healthcare provision, approving funding for clinics where needed.
- ▶ Promote community-based services and mobile clinics to reach populations struggling to access holistic care.
- ▶ Consider how routine health appointments and programmes such as child immunisation can be linked to family planning services, strengthening the pipeline of care.
- ▶ Develop partnerships with other stakeholders across health services to synthesise healthcare policies and priorities.
- ▶ Promote programmes that empower adolescent girls & young women, including efforts to improve girls' education and tackle gender-based violence.
- ▶ Ensure LGBT+ people are not overlooked in integrative health services, making sure education campaigns and outreach efforts are inclusive and considerate of all populations.

Youth Engagement



Western & Central Africa has high rates of HIV prevalence amongst young people and accounts for **22% of all new child HIV infections globally**.

Why are young people underserved in the HIV response?

Young people need to be better consulted in policymaking, but there are obstacles such as **poor visibility** and **inequities in education**. Young gay and trans people, as well as adolescent girls and young women, can also be constrained by factors such as cultural gender norms and legal discrimination. Young girls especially are **denied decisionmaking power** over their healthcare and sexual agency.

The emotional insecurities of adolescence may marginalise certain young people further - issues such as **low self-esteem, peer pressure** and **financial insecurity** can lead to increased HIV exposure and act as barriers to accessing prevention services.

STRATEGIES TO ENGAGE YOUNG PEOPLE ON HIV & SEXUAL HEALTH



EDUCATION

Providing comprehensive sex and relationships education in schools and communities, with accessible information about HIV and prevention options.



AGENCY

Involving young people in the design and operation of prevention programmes, creating a sense of ownership and responsibility.



PEER SUPPORT

Creating spaces such as youth centres and youth-led organisations where young people can discuss HIV and other issues in a stigma-free environment.



ADVOCACY

Including young people in discussions and decision-making, on both health policy and wider issues such as discrimination, violence and poverty.

CASE STUDY

YOUTH-TARGETED PREVENTION IN SIERRA LEONE



- ✿ Sierra Leone faces a severe youth HIV crisis, exacerbated by high rates of teenage pregnancy, gender-based violence, and profound economic exclusion amongst young people.
- ✿ In response, the government and partners like UNICEF and Plan International launched the "RADIA" (Reducing HIV/AIDS Among Adolescents and Young People) initiative, a comprehensive, multi-sectoral programme targeting youth aged 15-24.
- ✿ The initiative's core is its "Three A's" model: Access, Agency, and Assets. It aims not just to provide health services, but to empower youth economically and socially to reduce their long-term vulnerability.
 - **ACCESS:** RADIA established youth-friendly "One-Stop Shops" in several districts, co-designed with young people. These centres provide confidential integrated services including HIV and STI testing, PrEP and condom distribution, family planning, and psychosocial support.
 - **AGENCY:** The programme embeds sex education and life skills, facilitated by trained peer educators. The curriculum focuses on gender equality, sexual and reproductive health rights, communication and negotiation skills, directly tackling harmful social norms.
 - **ASSETS:** Conscious of the effect of poverty on HIV exposure, the initiative links people to vocational skills training, financial literacy workshops, and seed funding for small business startups. This economic empowerment is critical for young women, offering alternatives to transactional sex and increasing their decision-making power.

What can legislators do?



- ▶ Introduce comprehensive sex & relationships education in schools, including guidance on HIV prevention.
- ▶ Ensure that the law allows young people to anonymously and consensually access sexual health services, including removing parental consent requirement for under 18s to access HIV testing.
- ▶ Support youth leadership initiatives to enhance engagement in advocacy and policy making.
- ▶ Approve funding to train and resource teachers to confidently support young people on HIV education and tackle issues such as bullying and harassment of LGBT+ youth in educational settings.
- ▶ Work with stakeholders including community champions, education experts and international health organisations to maximise girls' access to education.
- ▶ Ensure regulatory frameworks allow for young people of all genders to access prevention options such as PrEP and contraceptives.
- ▶ Endorse community-led programmes that support young people who are disproportionately impacted by HIV, including harm reduction initiatives and support for homeless LGBT+ youth.

Ending the epidemic in Western & Central Africa

While progress has been made in reducing new HIV transmissions, the region still faces many structural and social barriers that limit the epidemic response.

Efforts are being made to ensure combination prevention strategies are reaching disproportionately impacted communities, and prioritising domestic resource mobilisation will drive sustainability. It is important that legislators continue to support policy frameworks and legal reforms to create these conditions.

Lawmakers should support policies which:

- **Widen access to testing and diversify testing options, ensuring services are free and anonymous**
- **Fund PrEP and make it available to groups that need it**
- **Get more people living with HIV onto effective treatment**
- **Make condoms available and accessible, working with community groups**
- **Improve gender-affirming healthcare, resourcing health services that support the needs of marginalised groups in a safe and anonymous environment**
- **Ensure sexual and reproductive health services are coordinated, integrating HIV awareness into family planning options to support adolescent girls and young women**
- **Engage young people with HIV awareness campaigns and involve youth groups in decision-making**

The global goal to end HIV as a public health threat by 2030 is achievable, provided there is **sustained political will**.

Legislators have a responsibility to make sure prevention tools are **funded** and **implemented**, and should **hold governments to account over monitoring and programming**. Addressing **gaps in data** and creating more **inclusive legal environments** for LGBT+ people will ensure all populations are adequately served by the HIV response. The policy and advocacy suggestions in this handbook should help legislators to do so.

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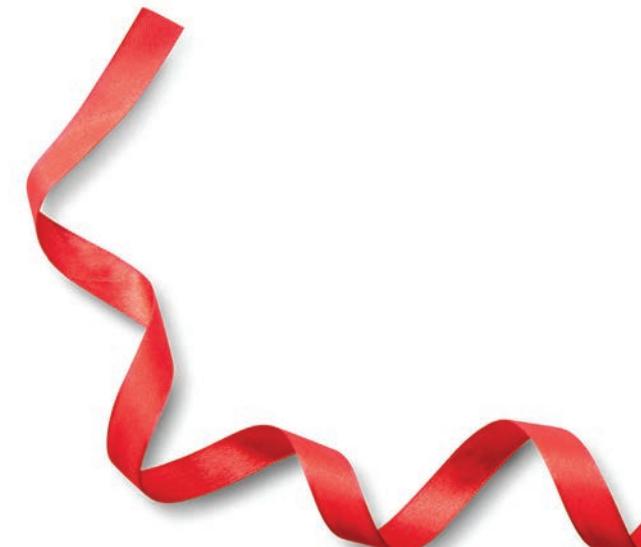
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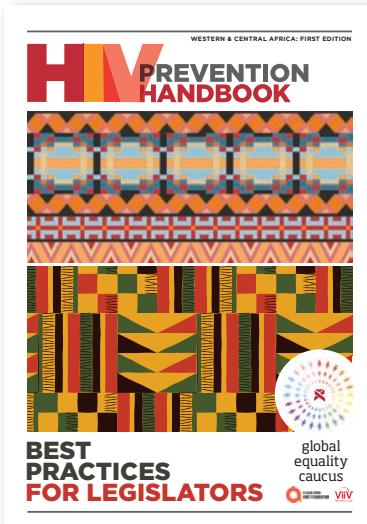
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