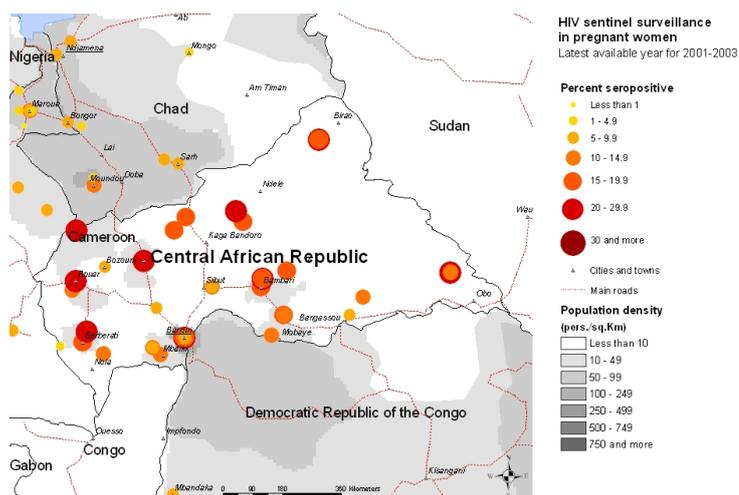


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 49 000
 Antiretroviral therapy target declared by country: 20 000 by the end of 2005



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	3.9	United Nations
Population in urban areas (%)	2005	43.7	United Nations
Life expectancy at birth (years)	2003	42	WHO
Gross domestic product per capita (US\$)	2002	274	IMF
Government budget spent on health care (%)	2002	8.2	WHO
Per capita expenditure on health (US\$)	2002	10	WHO
Human Development Index	2003	0.355	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

°°=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* Secrétariat Technique du Comité National de Lutte contre le SIDA.
 ** Multiple Indicator Cluster Surveys

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	8.3 - 21.2%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	160 000 - 410 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	1 647	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	49 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Sep 2005	11	Ministry of Public Health
HIV testing and counselling sites: number of people tested at all sites	Dec 2005	28 240	ST/CNLS*
Knowledge of HIV prevention methods (15-24 years)% - female°	2000	5	MICS**
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female°°		NA	
Reported condom use at last higher risk sex (15-24 years)% - male°°		NA	

3. Situation analysis

Epidemic level and trend and gender data

The HIV epidemic in the Central African Republic is widespread and generalized and has been steadily growing since the first AIDS case was reported in the early 1980s. An estimated 300 000 people 0-49 years old are living with HIV/AIDS. In December 2002, the National AIDS Control Committee and Institut Pasteur Bangui estimated that the average prevalence rate of HIV infection among adults was 15%. The prevalence rate was 15% in Bangui (the capital), 13% in urban areas and 17% in rural areas in 2002. Women are more severely affected than men. The national prevalence in 2002 was 15% among pregnant women and 17% among women in general. An estimated 23 000 adults and children died of AIDS during 2003. At the end of 2003, an estimated 110 000 children had lost one or both parents to AIDS.

Major vulnerable and affected groups

Young people 15-35 years old are the hardest hit by the epidemic. Young women 15-24 years old are especially at high risk. The number of orphans and other children made vulnerable by HIV/AIDS is steadily increasing. Other risk groups include mining and agricultural workers in remote areas and internally displaced populations.

Policy on HIV testing and treatment

The Central African Republic has developed national guidelines on voluntary counselling and testing for HIV/AIDS. The guidelines also outline mechanisms for monitoring people receiving antiretroviral therapy. The government is committed to expanding voluntary counselling and testing facilities in the country. A national policy document on access to antiretroviral therapy was developed in 2002, which identifies treatment sites and drug procurement agencies and provides guidelines on the training of health care personnel. National treatment protocols have been developed in accordance with WHO standards. The government is committed to providing access to antiretroviral therapy free of user charges.

Antiretroviral therapy: first-line drug regimen, cost per person per year

The recommended first-line drug regimen is stavudine + lamivudine + nevirapine. The recommended second-line drug regimen is abacavir + didanosine + lopinavir. At the end of 2003, the cost per person per year of the first-line drug regimen was US\$ 1000. By September 2005, the first-line drug regimen was available at US\$ 384 per person per year. Drugs are provided at a subsidized rate in the public sector.

Assessment of overall health sector response and capacity



HIV/AIDS prevention, care and treatment activities are coordinated by the National AIDS Control Committee established under the Office of the President in 2001. The National AIDS Control Committee is supported by a multisectoral technical committee. Various plans have been developed and implemented over the years - a short-term plan for 1987-1988 followed by two medium-term plans for 1989-1993 and 1995-1998 and an interim plan for 2000-2002. Activities have been outlined in the National Strategic Framework on HIV/AIDS for 2003-2005. Under this Framework, the national response to HIV/AIDS has been decentralized and prefectural committees to combat HIV have been created. A national policy document on access to antiretroviral therapy was adopted in November 2002. A national operational plan for scaling up access to antiretroviral therapy (2004-2005) was developed with support from WHO, and a National Antiretroviral Therapy Programme was established within the Ministry of Public Health and Population to oversee implementation. A range of activities related to national capacity-building and identification of treatment sites and drug procurement facilities have been implemented. Agreements have been negotiated with pharmaceutical companies, including Merck Sharp & Dohme, Cipla and GlaxoSmithKline, for the procurement of antiretroviral drugs. Partnerships have been established with foreign hospitals and universities for HIV treatment and care activities. A strategy for the protection and care of orphans and other children made vulnerable by HIV is being developed. National guidelines for HIV surveillance and for monitoring and evaluation of the programme have also been developed. Efforts have been made to build human resource capacity to scale up delivery of HIV/AIDS services. By September 2005, 359 health workers and 114 community supporters had been trained to deliver antiretroviral therapy services in accordance with national standards.

Critical issues and major challenges

Years of political instability and civil conflict in the Central African Republic have led to a deterioration of basic health services in the country, thus weakening the national response to the HIV/AIDS epidemic. Rapidly scaling up access to treatment requires building additional human resource capacity; strengthening drug procurement, supply and storage chains; and developing laboratory capacity. The Central African Republic is a low-income country, and the cost of drugs remains high for most people who need treatment. There are concerns about the adequate availability of antiretroviral drugs and financial capacity to sustain the cost of providing antiretroviral therapy free of user charges in the public sector. The decentralization process requires additional support to ensure that services are accessible at the district level.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US\$ 31.1 million and US\$ 32.3 million was required during 2004-2005 for the Central African Republic to scale up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 19 500 people.
- The Central African Republic has received US\$ 18 million since 2001 from the World Bank Multi-Country HIV/AIDS Program for Africa to focus on strengthening public sector and civil society responses to HIV/AIDS and supporting monitoring and evaluation.
- The Central African Republic submitted a successful proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 2, with a total funding request of US\$ 25 million. The proposal focuses on scaling up voluntary counselling and testing services, preventing mother-to-child transmission and improving access to antiretroviral therapy. As of December 2005, US\$ 12.4 million has been disbursed. The Central African Republic also submitted a successful proposal to the Global Fund in Round 4, with a total funding request of US\$ 16.2 million and two-year approved funding of US\$ 4.6 million. The proposal focuses on providing care and support to orphans and other children made vulnerable by HIV. As of December 2005, around US\$ 934 000 has been disbursed.
- Bilateral partners providing support to the national response include China, France, Germany, Italy, Japan and the European Union. United Nations agencies also provide support.

5. Treatment and prevention coverage

- In 2003, WHO/UNAIDS estimated that the total treatment need in the Central African Republic was 39 000 people, and the WHO "3 by 5" treatment target was calculated to be 19 500 for the end of 2005 (based on 50% of need). In 2005, WHO/UNAIDS estimated that the treatment need in the Central African Republic had risen to 49 000 people.
- The government declared a national treatment target of 20 000 people by the end of 2005 with support from the Global Fund and nongovernmental organizations.
- As of December 2004, 525 people were reported to be receiving antiretroviral therapy, mostly in Bangui. By September 2005, 1294 people were receiving treatment, and by December 2005, 1647 people were receiving treatment in the Central African Republic. Efforts have been made to expand the number of children receiving antiretroviral therapy, which has doubled from 60 children younger than 15 years at the end of 2004 to 128 children younger than 15 years receiving treatment by September 2005. The number of facilities providing antiretroviral therapy services increased from 5 in June 2004 to 23 in September 2005, of which 19 are in the public sector. The main antiretroviral therapy sites include the Hôpital Amitté, the Hôpital Communautaire, the Camp Fidéle Oubrou and a site operated by Caritas that provides special support to HIV orphans and widows. An ambulatory treatment centre for antiretroviral therapy was established in Bangui in August 2004 with support from the French Red Cross. As of September 2005, 12 of 24 districts in the country had at least one site providing antiretroviral therapy services.
- The Global Fund Round 2 proposal aims to provide antiretroviral therapy to 5000 people living with HIV/AIDS by 2008.
- At the end of 2003, only one centre was providing services for voluntary counselling and testing in the Central African Republic, in the capital Bangui. Eight regional voluntary counselling and testing centres were opened in March 2005, and additional centres were opened during 2005, bringing the total up to 11 by September 2005, covering 11 of 24 districts with at least one site. Efforts are also underway to expand services for preventing mother-to-child transmission. As of September 2005, 24 sites were providing these services, covering 19 of 24 districts with at least one site.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The Ministry of Public Health and the National AIDS Control Committee provide leadership in planning, coordinating national programmes and defining the policy, legal and ethical framework for fighting HIV/AIDS. The United Nations Theme Group on HIV/AIDS in the Central African Republic supports the Ministry of Health in coordinating the response to HIV/AIDS.

Service delivery

The National AIDS Control Committee is responsible for coordinating and mobilizing human, material and financial resources for HIV prevention, care and treatment. A National Antiretroviral Therapy Programme has been established to oversee implementation of the antiretroviral therapy programme. The Ministry of Public Health and the Faculty of Health Sciences at the University of Bangui take the lead in conducting training for health workers for prescribing and dispensing antiretroviral drugs. WHO, UNAIDS, UNDP and ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau) provide support for capacity-building. The national Drugs Procurement Unit, the private organization Centrapharm and international organizations such as UNICEF procure drugs and manage supply. The government coordinates the import of antiretroviral drugs. Laboratory facilities are available in the Laboratoire National de Référence and the Institut Pasteur. WHO provides support for activities related to voluntary counselling and testing and blood safety. WHO, UNAIDS and UNICEF support activities related to preventing mother-to-child transmission. UNICEF also supports activities related to preventing HIV among young people and promoting voluntary screening of HIV. The Ministry of Public Health has developed partnerships with several university hospitals to scale up access to antiretroviral drugs, including the European Georges Pompidou Hospital and the Necker Hospital in Paris and the Réseau Ville Hospital in Orléans, as well as the GlaxoSmithKline Foundation and ESTHER.

Community mobilization

The National AIDS Control Committee takes the lead in coordinating and strengthening partnerships with nongovernmental organizations, community-based organizations and the private sector in combating HIV. Several local and international nongovernmental organizations are actively engaged in HIV/AIDS prevention and care. The Central African Network of People Living with HIV (RECAPEV), the Association of African Women Facing AIDS, the Association Centrafricaine pour le Bien-être Familial and Caritas undertake HIV prevention and care activities. The national Red Cross society supports behaviour change communication programmes on HIV. Population Services International supports prevention activities, including promoting condom use. Other international nongovernmental organizations include Oxfam, Médecins Sans Frontières and the French Red Cross. The Food and Agricultural Organization of the United Nations provides nutritional support to families affected by HIV.

Strategic information

The National AIDS Control Committee and the National Health Information System in the Ministry of Public Health take the lead in surveillance of HIV and sexually transmitted infections. They are also responsible for ensuring efficient mechanisms to monitor and evaluate national HIV programmes. WHO, the World Bank and Institut Pasteur Bangui provide support for surveillance, monitoring and evaluation.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Conducting an assessment mission in collaboration with national partners to review the status of implementation of antiretroviral therapy, to identify opportunities and challenges for scaling up antiretroviral therapy, to map available and potential resources and to identify areas for WHO support
- Supporting national authorities in developing a national plan for scaling up access to antiretroviral therapy
- Supporting national authorities in extending voluntary testing and counselling services
- As part of the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, providing support for strengthening blood safety, strengthening voluntary counselling and testing, increasing early diagnosis and treatment of sexually transmitted infections and building institutional capacity to improve the coordination and monitoring activities to fight HIV/AIDS
- Strengthening the capacity of the WHO Country Office for the Central African Republic with the recruitment of an international HIV/AIDS Country Officer

Key areas for WHO support in the future

- Supporting the development of a national plan for developing human resource capacity and developing training materials for health workers within the framework of the WHO Integrated Management of Adult and Adolescent Illness (IMA) approach
- Developing a national plan for scaling up services for preventing mother-to-child transmission
- Supporting the training of health workers in voluntary counselling and testing
- Supporting the development of a national plan for strengthening procurement and supply management systems for drugs and diagnostics
- Supporting the development of laboratory capacity
- Supporting the development of capacity for managing information systems, including implementing the WHO Service Availability Mapping (SAM) tool to map and monitor health services in the country and the development of systems to monitor people receiving antiretroviral therapy
- Supporting the building of the capacity of community-based organizations to provide care and support to people living with HIV/AIDS
- Supporting the strengthening of HIV surveillance as well as surveillance of HIV drug resistance

Staffing input for scaling up HIV treatment and prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Programme Officer for HIV/AIDS, and one international HIV/AIDS Country Officer is underway.