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Evaluating National HIV/AIDS Policies: Progress and Gaps in West Africa

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ABSTRACT

West Africa has made considerable progress in national HIV/AIDS policy and program implementation over the past decade, including alignment with global 95-95-95 targets, expanded antiretroviral therapy (ART) access, and enhanced prevention services for pregnant women and children. Despite these achievements, progress remains uneven, with persistent gaps in sustainable domestic financing, donor dependency, legal and human-rights barriers affecting key populations, weak data and surveillance systems, under-resourced primary care and community platforms, and insufficient youth-centered interventions. This review synthesizes national strategic plans, UNAIDS reports, donor assessments, and recent literature to evaluate policy progress, identify recurring gaps, and provide actionable recommendations. Key strategies include reducing donor dependence through sustainable financing, legal reform to remove punitive barriers, scaling services for adolescents and key populations, strengthening public-health data systems, and integrating HIV services into broader health systems. Institutionalized community engagement is emphasized to ensure accountability and equitable service delivery, ultimately supporting resilient and inclusive HIV responses across West Africa.

Keywords: West Africa, HIV/AIDS policy, national strategic plans, antiretroviral therapy, key populations.

INTRODUCTION

HIV/AIDS continues to pose a substantial public-health challenge globally, and West Africa is no exception [1]. Although the sub-region has witnessed a gradual decline in new infections and HIV-related mortality over the past decade, the epidemic remains entrenched, particularly among vulnerable populations such as adolescent girls and young women, sex workers, men who have sex with men, and people who inject drugs [2]. Between 2010 and 2023, several West African countries recorded measurable reductions in new infections and improved antiretroviral therapy (ART) coverage, reflecting concerted efforts by national governments, regional institutions, and international partners. These achievements have been supported by the development and implementation of National HIV/AIDS Strategic Plans (NSPs), which aim to align national policies with global frameworks, including the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets [3].

Despite these successes, the epidemiological and social landscape of HIV in West Africa is highly heterogeneous. Countries vary significantly in prevalence, healthcare infrastructure, resource allocation, and capacity to deliver comprehensive HIV services. Urban-rural disparities, gender inequalities, and sociocultural barriers continue to impede access to prevention, testing, and treatment services [4]. In addition, the reliance on external funding from global donors, including the Global Fund, PEPFAR, and bilateral aid has created vulnerabilities in national responses, particularly in the context of shifting global health priorities and declining international support.

Recent policy documents and UNAIDS reports indicate that while national plans emphasize ART scale-up, prevention of mother-to-child transmission (PMTCT), and voluntary medical male circumcision, several structural and operational gaps remain [5]. Weak surveillance systems, insufficiently integrated primary healthcare services,

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and punitive legal frameworks limit the ability of governments to provide equitable, comprehensive, and rights-based HIV care. Furthermore, the evolving HIV epidemic among adolescents and key populations calls for innovative, targeted interventions that extend beyond conventional facility-based programs. In this context, evaluating the progress and gaps in national HIV policies is critical to informing future strategies, optimizing resource allocation, and strengthening sustainable, equitable HIV responses across West Africa [6].

Despite notable progress in HIV prevention, treatment, and care, West Africa's response continues to face persistent challenges that undermine the effectiveness and sustainability of national policies. First, donor dependence has created vulnerabilities; fluctuations in international funding threaten the continuity of critical programs, particularly in countries with limited domestic health financing [7]. Second, legal and policy barriers, such as criminalization of same-sex relations, punitive laws targeting sex work, and restrictions on adolescent access to sexual and reproductive health services, impede the reach of evidence-based interventions to key populations, who remain disproportionately affected by HIV [8].

Third, health system weaknesses, including under-resourced primary care facilities, insufficiently trained health personnel, and fragmented community-based services, limit the capacity to deliver comprehensive care and retain patients in long-term ART programs. Fourth, data and surveillance systems in several countries are inadequate, resulting in gaps in monitoring progress, identifying emerging hotspots, and targeting interventions effectively [9]. Finally, youth-centered prevention strategies are often insufficiently prioritized, despite the high incidence of new infections among adolescents and young adults. These issues collectively highlight the need for a comprehensive evaluation of national HIV/AIDS policies to identify where successes have been achieved and where critical gaps remain [10]. This review seeks to systematically evaluate national HIV/AIDS policies across West Africa, with a focus on assessing progress toward global 95-95-95 targets, identifying persistent gaps, and understanding barriers to equitable service delivery. Specifically, it aims to summarize achievements in policy implementation, examine deficiencies in program design, financing, and resource allocation, and explore the structural, social, and legal obstacles that hinder access to prevention, treatment, and care, particularly for key populations and adolescents. Guided by research questions addressing progress over the past decade, challenges in program execution and financing, the impact of legal and social determinants on service access, and potential strategies for enhancing policy coherence and sustainability, the review consolidates evidence from national policy documents, UNAIDS reports, and recent scientific literature. Its significance lies in highlighting best practices, recurring challenges, and gaps that can inform targeted interventions, strengthen rights-based and inclusive programming, and support advocacy for improved resource allocation and legal reforms. By contextualizing the West African HIV response within broader international frameworks, the study provides actionable recommendations for governments, donors, and civil society actors. Ultimately, this review offers a comprehensive analysis to guide equitable, sustainable, and resilient HIV/AIDS responses, ensuring that vulnerable populations are prioritized and that regional progress toward ending the epidemic is accelerated.

METHODOLOGY

This narrative review employed a comprehensive approach to synthesize existing knowledge on HIV policy, strategic planning, and programmatic implementation across Africa, with a focus on West African countries such as Nigeria and Ghana. Primary sources included national HIV strategic plans, policy documents, and official government publications accessible online, ensuring that the analysis was grounded in the most current and authoritative policy commitments. Complementing these national sources, the review incorporated regional and global data from UNAIDS Global AIDS Updates (2024–2025), which provide standardized monitoring of epidemiological trends, coverage of prevention and treatment interventions, and progress toward international HIV targets. To capture insights into implementation effectiveness and programmatic gaps, donor assessments such as Global Fund mid-term reviews were included, alongside peer-reviewed academic literature and policy analyses published through 2025. The review prioritized primary national and regional documents to highlight concrete commitments and measurable progress, while secondary sources, including donor and scholarly evaluations, helped contextualize challenges in program delivery, resource allocation, and adherence to policy frameworks. This integrative approach allowed for a nuanced understanding of both the policy landscape and operational realities, identifying areas of progress and persistent gaps that can inform evidence-based recommendations for strengthening HIV response strategies in the region. Key documents informing this review are cited in the references below, including UNAIDS, NACA, and PrEPWatch datasets.

Progress: What national HIV policies have achieved

Over the past decade, national HIV policies in West Africa have demonstrated measurable progress in modernizing strategies, expanding treatment access, targeting prevention efforts, and strengthening service delivery frameworks. Many countries have updated their National Strategic Plans (NSPs) for the 2020s, aligning explicitly with the UNAIDS 95-95-95 targets and the end-AIDS goals for 2030 [11]. These modernized strategies emphasize test-and-treat approaches, differentiated service delivery models, expansion of pediatric and PMTCT (prevention of mother-to-child transmission) programs, and integration with sexual and reproductive health services. Notable examples include Ghana's NSP 2021–2025 and Nigeria's successive frameworks from 2023–2027, which provide clearer operational priorities and measurable targets than earlier plans. Concurrently, the adoption of universal ART policies and “test and treat” approaches has expanded access to treatment, improving viral suppression rates and patient retention where supply chains and clinic networks are robust, contributing to a regional decline in new infections [12]. Policies have also increasingly prioritized adolescent girls and young women, combining social protection, sexual health education, and biomedical prevention interventions, while scaling up PMTCT services and piloting PrEP programs for high-risk groups. Furthermore, integration of HIV services into primary health care, task-shifting to community health workers, and service decentralization have been endorsed, enhancing access in rural areas and addressing human-resource shortages, with several pilot programs demonstrating success across the region [13].

Gaps and challenges in national HIV policies

National HIV policies in West Africa face multiple gaps and persistent challenges that hinder their effectiveness, despite widespread acknowledgment of the HIV epidemic as a public health priority. One of the most pressing issues is funding sustainability, as many countries remain heavily dependent on external donors such as PEPFAR, the Global Fund, and bilateral aid [14]. This donor reliance exposes programs to vulnerability from global financing shocks and shifting policy priorities in donor countries, often leaving national HIV strategies without robust domestic funding or contingency plans. While some countries have begun to develop sustainability roadmaps, concrete and fully funded transition pathways are still lacking. Another major challenge is the disconnect between policies and the legal environment. Punitive laws criminalizing sex work, same-sex sexual activity, and drug use persist, undermining access to services for key populations, increasing stigma, and complicating the operationalization of national strategic plans [15]. Additionally, service coverage remains uneven, particularly for adolescents and key populations such as AGYW, men who have sex with men, and people who inject drugs. Gaps in access to PrEP, youth-friendly services, mental health integration, and harm-reduction programming mean high-risk groups continue to face significant barriers to prevention and treatment [16]. Weak data systems, incomplete surveillance, and fragmented monitoring platforms further limit the ability of policymakers to track infections, retention, and viral suppression effectively. Health workforce shortages, supply-chain fragility, and underinvestment in community health systems constrain decentralized and differentiated care approaches. Compounding these challenges, emerging threats such as policy instability and global coordination risks, including abrupt aid reductions and structural changes in international institutions, underscore the urgent need for national HIV policies to be resilient, adaptive, and stress-tested against scenarios of declining donor support [17].

Country examples (illustrative)

Several African countries illustrate the diversity of approaches and challenges in implementing HIV and AIDS strategic plans. In Nigeria, the updated national HIV and AIDS strategic plans for 2023–2027 emphasize state-led implementation and sustainability, reflecting the government's commitment to a more decentralized approach [18]. However, the country's complex and decentralized health system poses significant challenges for uniform rollout, resulting in variability in service coverage across states and creating disparities in access to prevention, treatment, and care services. In Ghana, the 2021–2025 strategic plan prioritizes achieving the 95-95-95 targets, with explicit costing and sustainability frameworks incorporated into program design [19]. Despite these measures, independent assessments indicate potential funding shortfalls and underscore the critical need to mobilize domestic resources to cover rising program costs, ensuring that targets remain attainable. Senegal, meanwhile, is often highlighted for its strong political commitment and relatively favorable human-rights environment for HIV programming, which supports effective service delivery. Yet, even in Senegal, mid-term evaluations by the Global Fund identified areas requiring adjustment, particularly in donor-funded program design and strategies for community engagement. Collectively, these examples reflect both progress and persistent challenges, highlighting the importance of tailored, context-specific strategies, sustainable financing, and continuous program monitoring to strengthen HIV and AIDS responses across diverse African settings [20].

DISCUSSION

West African national HIV policies have undergone significant modernization, reflecting strong alignment with global targets and a commitment to evidence-based, multisectoral approaches. Where political will is sustained and financing is reliable, these policies have enabled measurable scale-up of antiretroviral therapy (ART) and prevention services, contributing to improved health outcomes [21]. Yet, the realization of high-impact gains remains contingent on addressing several interlinked gaps. First, financing resilience is critical: although policies exist, many countries face limited domestic fiscal space and inadequate transition plans. Strengthening domestic budget allocations, leveraging innovative financing mechanisms such as sin taxes or insurance reforms, and fostering private-sector partnerships are essential to safeguard services against declining donor flows. Second, legal and structural alignment is necessary, as laws criminalizing key populations undermine public-health objectives [22]. Legal reforms and harm-reduction strategies are not merely rights-based imperatives but core enablers of effective prevention and testing programs. Third, operationalizing equity requires translating rhetorical policy commitments into concrete actions, including scaled youth-friendly services, community-led outreach, and differentiated delivery models. Fourth, investment in robust data systems, digital case management, routine viral-load monitoring, and geospatialized program data is vital for responsive resource allocation [23]. Finally, contingency planning for global shocks must be integrated into national policies to preserve core services and maintain commodity security, ensuring resilience in the face of unpredictable funding or crises.

Recommendations

To enhance HIV prevention, treatment, and care, it is essential to adopt a multi-pronged approach grounded in sustainable financing, human-rights principles, and health system integration. Governments should mobilize sustainable domestic funding through explicit, time-bound transition plans that include multi-year budget commitments, social insurance expansions, and public-private financing options, supported by financial modeling tools and transparent roadmaps with measurable milestones [24]. Legal and policy reforms are critical; decriminalizing behaviors linked to key populations, operationalizing anti-stigma policies, and funding community-based organizations can improve access for marginalized groups. Resources and monitoring frameworks should prioritize adolescents and key populations, with dedicated indicators and investments in youth-friendly clinics, peer navigation, and preventive measures such as PrEP. Strengthening data systems and program monitoring through electronic case surveillance, routine dashboards disaggregated by age, sex, and population, and enhanced local analytic capacity enables evidence-driven planning. Resilience in service delivery and supply chains is necessary, requiring contingency procurement plans, buffer stocks for ART and commodities, and diversification of suppliers to prevent disruptions. Integrating HIV services into broader health system strengthening efforts, including primary care, maternal and child health, and non-communicable disease platforms, enhances efficiency and reduces vertical fragility [25]. Finally, active engagement of civil society and communities in policy design, implementation, and oversight ensures accountability and equitable reach across populations.

CONCLUSION

In conclusion, West Africa has made notable strides in modernizing national HIV/AIDS policies, expanding access to antiretroviral therapy, scaling prevention interventions, and aligning strategic plans with global 95-95-95 targets. These advancements reflect strong political commitment, targeted programmatic efforts, and growing integration of HIV services within broader health systems. However, persistent gaps, including reliance on external funding, legal and human-rights barriers, under-resourced health infrastructure, weak data and surveillance systems, and limited youth- and key-population-focused services continue to undermine the effectiveness, equity, and sustainability of responses. Addressing these challenges requires a multi-faceted approach: mobilizing domestic financing through sustainable transition plans, enacting legal reforms to reduce stigma and criminalization, strengthening data-driven monitoring, scaling differentiated service delivery for adolescents and marginalized populations, and building resilience in supply chains and service platforms. Institutionalizing community engagement in policy design and oversight further ensures accountability and equitable reach. Concerted action on these fronts is essential to accelerate progress toward ending the HIV epidemic in West Africa.

REFERENCES

1. Alum EU, Uti DE, Ugwu OP, Alum BN. Toward a cure - Advancing HIV/AIDs treatment modalities beyond antiretroviral therapy: A Review. *Medicine (Baltimore)*. 2024 Jul 5;103(27):e38768. doi: 10.1097/MD.000000000038768. PMID: 38968496

2. Dzinamarira, T., Moyo, E.: Adolescents and young people in sub-Saharan Africa: overcoming challenges and seizing opportunities to achieve HIV epidemic control. *Front Public Health*. 12, 1321068 (2024). <https://doi.org/10.3389/fpubh.2024.1321068>
3. Emeka G A, Chioma L. O, (2021). Does plantar lipoatrophy affect dynamic balance in HIV infected persons? *Gait & Posture*, 86, 101-105. <https://doi.org/10.1016/j.gaitpost.2021.02.015>.
4. Cuadros, D.F., Huang, Q., Musuka, G., Dzinamarira, T., Moyo, B.K., Mpofu, A., et al.: Moving beyond hotspots of HIV prevalence to geospatial hotspots of UNAIDS 95-95-95 targets in sub-Saharan Africa. *Lancet HIV*. 11, e479–e488 (2024). [https://doi.org/10.1016/S2352-3018\(24\)00102-4](https://doi.org/10.1016/S2352-3018(24)00102-4)
5. Gotsadze, G., Chikovani, I., Sulaberidze, L., Gotsadze, T., Gogvadze, K., Tavanxhi, N.: The Challenges of Transition From Donor-Funded Programs: Results From a Theory-Driven Multi-Country Comparative Case Study of Programs in Eastern Europe and Central Asia Supported by the Global Fund. *Glob Health Sci Pract*. 7, 258–272 (2019). <https://doi.org/10.9745/GHSP-D-18-00425>
6. Rwenyonyi C. M, Kutesa A, Muwazi L, Okullo I, Arabat K, Kekitinwa A (2011). Oral Manifestations in HIV/AIDS Infected Children. *European journal of dentistry*, 5, (3), 291-298. DOI: 10.1055/s-0039-1698894
7. Chola, M., Robalo, M., Buse, K., Oduro-Bonsrah, P., Ozoemene, J., Dieng, A., et al.: Breaking barriers, changing paradigms: Africa's radical agenda for HIV sustainability. *Front Reprod Health*. 7, 1612902 (2025). <https://doi.org/10.3389/frph.2025.1612902>
8. Franck K. S., Sonye M. K, Robert M, Robinson S. (2021). Alobar Holoprosencephaly with Cebocephaly in a Neonate Born to an HIV-Positive Mother in Eastern Uganda. *Case Reports in Otolaryngology*, 2021, (1), 7282283. <https://doi.org/10.1155/2021/7282283>
9. Khatri, R.B., Endalamaw, A., Erku, D., Wolka, E., Nigatu, F., Zewdie, A., Assefa, Y.: Enablers and barriers of community health programs for improved equity and universal coverage of primary health care services: A scoping review. *BMC Prim Care*. 25, 385 (2024). <https://doi.org/10.1186/s12875-024-02629-5>
10. Obeagu, E.I., Obeagu, G.U.: Preventive measures against HIV among Uganda's youth... : Medicine.
11. Rapaport, S.F., Peer, A.D., Viswasam, N., Hahn, E., Ryan, S., Turpin, G., et al.: implementing HIV prevention in sub-Saharan Africa: a systematic review of interventions targeting systems, communities, and individuals. *Aids Behav*. 27, 150–160 (2023). <https://doi.org/10.1007/s10461-022-03751-0>
12. Atsukwei D, Eze E D, Chom N D, Igoh E O, Owoeye S C, Angbalaga A, Akut D A (2017). Correlation between Abdominal Ultrasonographic Findings and CD4 Cell Count in Adult Patients with HIV/AIDS in Jos, Nigeria. *Advances in Molecular Imaging*, 7, (03), 49. [10.4236/ami.2017.73003](https://doi.org/10.4236/ami.2017.73003)
13. Lane, J., Brezak, A., Patel, P., Verani, A.R., Benech, I., Katz, A.: Policy considerations for scaling up access to HIV pre-exposure prophylaxis for adolescent girls and young women: Examples from Kenya, South Africa, and Uganda. *Int J Health Plann Manage*. 36, 1789–1808 (2021). <https://doi.org/10.1002/hpm.3252>
14. Agwu E, Ihongbe J. C, Ezeonwumelu J. O, Moazzam M, Lodhi M. M(2015). Baseline burden and antimicrobial susceptibility of pathogenic bacteria recovered from oral lesions of patients with HIV/AIDS in South-Western Uganda. *Oral Science International*, 12, (2), 59-66. [https://doi.org/10.1016/S1348-8643\(15\)00018-X](https://doi.org/10.1016/S1348-8643(15)00018-X).
15. Uwishema, O., Chakik, J.A., Fatokun, B.S., Roy, S.: A Wake-Up Call: Can Africa Sustain HIV/AIDS Programs Without Foreign Aid? *Health Sci Rep*. 8, e71248 (2025). <https://doi.org/10.1002/hsr2.71248>
16. Ugwu OPC, Egba SI, Ejim Uti DE, Ukaidi CUA, Echegu DA. Confronting Dual Challenges: Substance Abuse and HIV/AIDS. *Elite Journal of HIV*, 2024; 2(5): 1-8. <https://epjournals.com/journals/EJHIV>
17. Protecting key populations from abrupt disruptions to essential HIV services, <https://www.who.int/news/item/27-02-2025-protecting-key-populations-from-abrupt-disruptions-to-essential-hiv-services>
18. Madu, C.V., Alum, E.U., Aloh, H.E., Ugwu, O.P.C., Obeagu, E.I., Uti, D.E., Egba, S.I., et al. The price of progress: Assessing the financial costs of HIV/AIDS management in East Africa. *Medicine (Baltimore)*. 2025 May 2;104(18):e42300. doi: 10.1097/MD.00000000000042300. PMID: 40324279; PMCID: PMC12055164.
19. Adesuyi, E.O., Olabode, O.O., Olarinde, O.C., Oyama, B.O., Aderemi, I.O., Alao, G.O., Ogunlowo, B.C.: Factors Influencing Primary Healthcare System in the Achievement of Universal Health Coverage in the WHO-AFRO Region: An Integrative Review. *Public Health Chall*. 4, e70081 (2025). <https://doi.org/10.1002/puh2.70081>

20. Adepoju A. O, Amusa M. O, Obeagu E I, Ugwu O P C, Samson A.O (2023).Inclusion of nutritional counseling and mental health services in HIV/AIDS management A paradigm shift *Medicine® 102(41) e35673* *Medicine (Baltimore)*. 2023;102(41):e35673. <http://dx.doi.org/10.1097/MD.00000000000035673>"
21. Church, K., Kiweewa, F., Dasgupta, A., Mwangome, M., Mpandaguta, E., Gómez-Olivé, F.X., et al: A comparative analysis of national HIV policies in six African countries with generalized epidemics. *Bull World Health Organ*. 93, 457–467 (2015). <https://doi.org/10.2471/BLT.14.147215>
22. Brikci, N.: Innovative domestic financing mechanisms for health in Africa: An evidence review. *J Health Serv Res Policy*. 29, 132–140 (2024). <https://doi.org/10.1177/13558196231181081>
23. Ezenwaji, C.O., Alum, E.U., & Ugwu, O.P.C. Bridging the gap: telemedicine as a solution for HIV care inequities in rural and vulnerable communities. *Int J Equity Health* 24, 205 (2025). <https://doi.org/10.1186/s12939-025-02584-2>
24. Baker, S., Hijazi, M., Nandakumar, A.K.: Innovative approaches to HIV/AIDS financing: lessons learned from the Sustainable Financing Initiative (SFI). *BMC Health Services Research*. 24, 1669 (2025). <https://doi.org/10.1186/s12913-025-12529-8>
25. Ugwu, O. P. C., Obeagu, E. I., Aja, P. M., Okon, M. B., Uti, D. E. Reducing HIV Infection Rate in Women: A Catalyst to reducing HIV Infection pervasiveness in Africa. *International Journal of Innovative and Applied Research*. 2023; 11(10):01-06. DOI: 10.58538/IJIAR/2048. <http://dx.doi.org/10.58538/IJIAR/2048>

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