
2014 regional summary report

Eastern and Southern Africa

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INTRODUCTION

This report provides a summary of the key UNAIDS achievements in 2014 in the Eastern and Southern Africa (ESA) region, grouped by the three strategic directions of the UNAIDS 2011–2015 strategy. It lists major challenges and key future interventions and outlines the way the regional Joint Team operates. It can be read as a standalone report; although it is principally designed to complement other UNAIDS reporting at the country and global level.

ACHIEVEMENTS

Strategic direction 1: revolutionize HIV prevention

Two regional meetings organized by UNAIDS in Johannesburg played an important role in moving forward with the AIDS response. In July 2014, a consultation brought together high-level government officials responsible for the AIDS response, civil society, academics and development partners from all countries in the ESA region. It focused on proven social and structural interventions to prevent HIV transmission among young women, laying the foundation for further work. In November 2014, the first regional consultation for key populations was held in the region. Under the title “Close the gap—leave no one behind”, over 100 participants from 18 countries shared experiences and reviewed the challenges. Communities and development partners focused their discussions around access to HIV prevention and treatment services, HIV-related stigma and discrimination and strategic information for people vulnerable to HIV infection.

The conferences led to a regional synthesis of HIV being commissioned and provided the basis for more effective generation of evidence. Based on this, work has started with partners on a key population’s report which will highlight successes and challenges in implementing prevention programmes among those populations. With the support of the United Nations Children’s Fund (UNICEF) and the United Nations Development Programme (UNDP), work also started on a regional synthesis on social protection programmes, including ongoing cash transfer programmes.

In the area of mother-to-child transmission of HIV and maternal mortality, all of the priority countries in the region are now implementing the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive (Global Plan), and implementing either Option B or B+, with the region on track to eliminate new child infections by the end of 2015. During the Inter-Agency Task Team (IATT) on Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and Children and the Global Steering Group meetings in 2014, countries also developed strategies for accelerating progress towards the Global Plan’s end-2015 targets and sustaining the gains that have already been made at the country level. With support from the IATT, a framework was developed by UNAIDS for catalysing accelerated action towards the dual goals of eliminating paediatric HIV and AIDS and improving child survival, as well as keeping mothers alive in the Global Plan priority countries.

In Ethiopia, communication strategies were developed by UNAIDS for vulnerable adolescent groups in line with the national minimum package for prevention and training.

Strategic information on sexual and reproductive health and HIV integration in the form of stories have been documented by UNAIDS, primarily through the United Nations Population Fund (UNFPA), in Botswana, Lesotho, Malawi, Namibia, Swaziland, Zambia and Zimbabwe, creating products that enable advocacy on the efficiency of sexual and reproductive health and HIV integration. The UNAIDS Regional Support Team (RST) in Nairobi, Kenya worked with other United Nations HIV programmes in the same countries to prepare a roadmap for setting up monitoring and evaluation systems to monitor progress, efficiency and effectiveness of sexual and reproductive health and HIV initiatives, which has also contributed to improved advocacy. Integration indicators were field tested by UNAIDS and subsequently used by countries to help support service delivery on sexual and reproductive health, HIV and tuberculosis. In addition, procurement and distribution of female condoms has also expanded in the region.

Strategic direction 2: catalyse the next phase of treatment, care and support

In 2014, all countries in the region adopted or began implementing the World Health Organization (WHO) 2013 Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Consensus was also reached across the region on the adoption of the 90-90-90 treatment targets for 2020, with countries committing to hold national consultations on the new targets. National HIV/AIDS programme managers in ESA have committed to adapt and accelerate implementation of the new treatment guidelines, while all eight Regional Economic Communities in Africa have committed to supporting the new global targets for treatment.

Work on tuberculosis among people living with HIV in the region continued in 2014 and UNAIDS was involved in high level advocacy with Member States. Draft codes on HIV and tuberculosis, which are to be signed in 2015 by all Southern African Development Community (SADC) Member States, were also developed in 2014 with UNAIDS support.

UNAIDS continued to support the integration of HIV and tuberculosis programming in the region in 2014; for example, by providing technical support to the development of single HIV and tuberculosis concept notes by The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). National and regional partnerships were also further developed with the United States President's Emergency Plan for AIDS Relief, the Centres for Disease Control and Prevention, USAID and functional national steering committees for HIV and tuberculosis integration. As a result, tuberculosis screening among people living with HIV in the Eastern and Southern Africa region continued to increase.

The World Food Programme (WFP) collaborated with ministries of health in Ethiopia, Lesotho, Madagascar, Malawi, Mozambique, Swaziland and Zimbabwe and supported malnourished people infected with tuberculosis, including HIV and tuberculosis co-infected individuals, with the provision of a comprehensive nutrition programme, which includes nutritional assessment, counselling and when necessary—based on anthropometric

measurement—with specialized nutritious food.

Led by the United Nations Office on Drugs and Crime (UNODC), UNAIDS initiated work to address the provision of HIV comprehensive services in prison settings, including joint HIV and tuberculosis interventions, in Ethiopia, Malawi, Mozambique, Namibia, Swaziland, Tanzania mainland and Zanzibar, Zambia and Zimbabwe.

Strategic direction 3: advance human rights and gender equality for the HIV response

In 2014, UNAIDS supported 11 countries to undertake and publish People Living with HIV Stigma Index reports in the region. A regional strategy for preventing and responding to human rights crises and violations for ESA was also developed and rolled out to countries in the region.

In Uganda, UNAIDS provided legal support to civil society organizations, including for key populations, in legally challenging Anti-Homosexuality legislation through filing a constitutional petition. Policy support and advisory services were also provided to the Uganda Human Rights Commission, Uganda Ministry of Health and the Uganda AIDS Commission to reinforce their work on HIV-related human rights and provision of legal support to people living with HIV and key populations, with a particular focus on men who have sex with men, women who have sex with women, men and women who have sex with both men and women and transgender people.

Across the region, UNAIDS supported legislative initiatives and the law reform process, including regarding HIV-related travel restrictions. Following these inputs, Mauritius committed to lifting travel restrictions, including restrictions on residence.

UNDP assisted governments, civil societies and other key stakeholders in several countries to prepare and conduct legal environment assessments. These assessments help to develop evidence-informed policy and strategy, to review and reform laws and policies based on human rights considerations and to support increased capacity to achieve enabling legal environments for effective HIV responses. As a result, Angola formed a national assessment committee, while Lesotho, Namibia, Swaziland and Tanzania implemented national assessments and produced reports for validation.

National AIDS councils, human rights commissions, parliamentary and judicial bodies continued to be engaged on HIV-related human rights in the region, including advocating for a rights-based approach to public health. One example of UNAIDS support has been with UNDP's work to enhance the capacity of policy-makers, parliamentarians and religious leaders on human rights and HIV in Malawi, ensuring their inputs into the draft HIV bill were well informed and civil society organizations have strengthened technical capacity to act as *amicus curiae* in the Malawi High Court case against sodomy laws.

There are signs of progress towards gender equality in the region. More information of a higher quality is available; for example, qualitative assessments, gender reviews of the

national AIDS responses and—through the increased participation of women living with HIV—in the Committee of the Elimination of Discrimination against Women monitoring. High level advocacy through the Organisation of African First Ladies Against HIV/AIDS (OAFLA) and the UNAIDS High-Level Taskforce on Women, Girls, Gender Equality and HIV for Eastern and Southern Africa ensured the needs of women and girls were a dedicated topic in the National AIDS Control Programme and post-2015 agendas, as well as being included in the OAFLA campaign on HIV/AIDS prevention in the region. Improvements in services and management structures responding to violence against women and girls have also been observed in the region.

UN Women supported the integration of gender transformative strategies in national HIV and AIDS strategic frameworks in Kenya and Uganda as well as the development and implementation of a monitoring plan on HIV and gender in Malawi. In Mozambique, UN Women additionally worked to ensure that national strategies address the needs of girls and young women.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

Retaining women on antiretroviral therapy during pregnancy, throughout breastfeeding and during their lifetimes to maximize elimination benefits remains a challenge. While antiretroviral therapy for children has expanded, it has seen only half the progress of that for adults in the same time period.

Generating sufficient evidence to help finalize investment cases in the region has taken longer than initially anticipated. It takes time to adapt methodologies and tools to different country needs.

Weak health systems are a major challenge. For example, there are often constraints on HIV paediatric and postnatal services, including through task shifting and sharing. Factors include policy barriers, poor decentralization, weak management and capacity at sub-national levels and ineffective coordination of activities between ministry of health departments dealing with HIV and child health. There is frequently poor integration between maternal, newborn and child health and sexual reproductive health services. More broadly, limited country level capacity, especially staff shortages, can mean it is difficult to address the needs of key populations, including adolescents and youth.

Reviewing, revising and enacting new laws takes a long time. Although countries such as Lesotho, Malawi, Namibia, Swaziland and Tanzania completed and validated legal environment assessment reports, achieving subsequent removals of punitive laws can take time given that typically it is also necessary to sensitize and change the views of lawmakers, politicians and faith leaders.

KEY FUTURE INTERVENTIONS

Key future interventions by UNAIDS in the ESA region will include:

- The development of new national and regional HIV estimates, including new treatment targets for 2020 and 2030.
- Support to paediatric HIV diagnosis and antiretroviral therapy will be initiated and maintained in reproductive, maternal, newborn and child health settings with links and referrals to other HIV services in the community.
- UNICEF will continue strengthening the evidence base on the role of social protection on HIV prevention and access to treatment and adherence, as well as facilitating regional and country level dialogue. Support will also continue for countries as they operationalize a systems approach to social protection, linking flagship programmes with critical HIV-related services for children and adolescents. UNICEF and the World Bank will convene a high-level consultation of proven social and structural interventions for young girls and women.
- Capacity building of civil society organizations and networks of women living with HIV will be supported to increase demand and adherence to both maternal and child services throughout the prevention of mother-to-child transmission (PMTCT) and paediatric diagnosis and treatment cascade. Provision of integrated PMTCT and reproductive, maternal, newborn and child health services will be made, with linkages to community services.
- Current partnerships with OAFLA, SADC, the East African Community (EAC) and the Champions for an AIDS-free generation in Africa will be strengthened by targeted interventions on PMTCT, male circumcision, women and girls and through developing investment cases.
- Continued work by civil society organizations on developing a framework for accelerating community action towards the 90-90-90 targets in Botswana, Malawi, Swaziland, Zambia and Zimbabwe.
- Building strategic partnerships with regional economic communities to facilitate the development of a technical paper on sustainable AIDS financing for EAC.
- Enhancing the capacity of national platforms on HIV and social justice and, where possible, using existing mechanisms at country level with a view to prevent and respond to human rights crises and violations.
- Supporting the development of countries' action plans and strategies for advancing human rights and social justice for people living with HIV and key populations, with particular focus on men who have sex with men, people who inject drugs, sex workers and transgender people.

THE UNAIDS REGIONAL COORDINATION MECHANISM

The Regional UNAIDS Team for Eastern and Southern Africa:

- mobilizes partnerships and draws upon the collective strengths of the United Nations system to support country efforts to scale up national programmes towards the achievement of Universal Access to HIV Prevention, Treatment, Care and

Support;

- is part of the Regional Director Team (RDT) and is mandated by the RDT to deliver on its AIDS-related outputs;
- is an integral part of the United Nations regional support system and complements five other inter-agency clusters including:
 - quality support and assurance and peer support groups and humanitarian action, led by the Office for the Coordination of Humanitarian Affairs;
 - capacity building, led by UNDP;
 - food security, led by the Food and Agriculture Organization of the United Nations; and
 - Millennium Development Goal monitoring, led by UNDP.
 - The UNAIDS RST convenes the Regional UNAIDS Team for Eastern and Southern Africa Management Group once per quarter and organizes special events according to needs.

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org