

UNAIDS 2023

Results in Eastern and Southern Africa

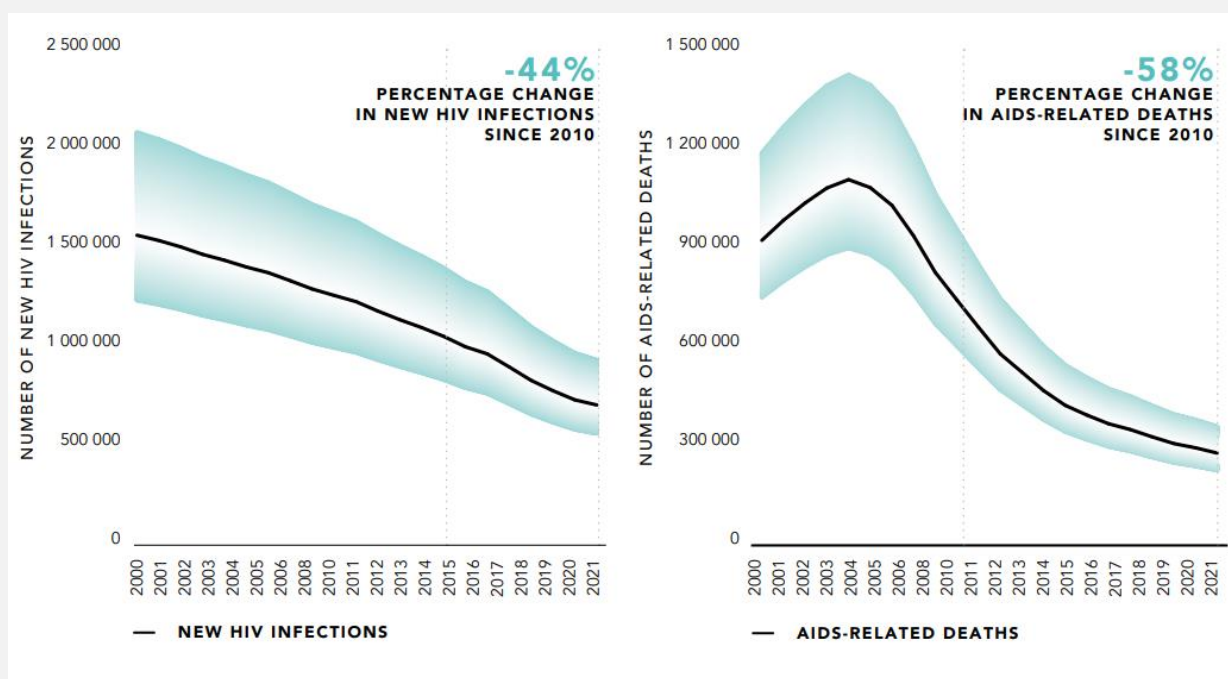
2022 Regional report

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Results in eastern and southern Africa

Progress towards bending the curves and saving lives¹

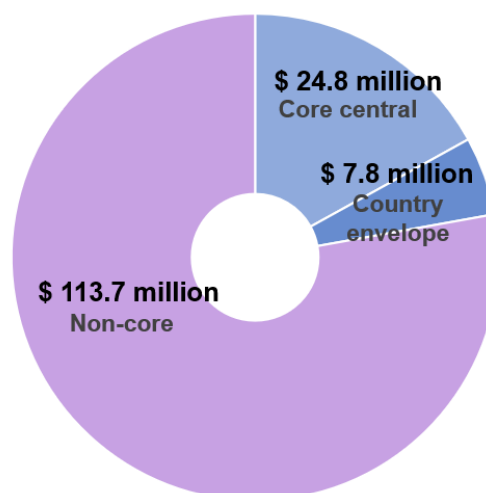


Key results in the region thanks to support from the Joint Programme:

- 90% [68->98] of pregnant women living with HIV in the region receive ARV for PMTCT
- 78% [72-87] of all people living with HIV in the region are accessing antiretroviral therapy
- **18 countries** improved national policies and/or strategies for scale-up of combination HIV prevention
- **17 countries** have stronger community-led HIV responses
- **17 countries** reduced stigma and discrimination in at least one of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination for HIV prevention and treatment services to reach more people
- **3 countries** implemented gender-responsive HIV services free of gender-based discrimination and violence
- **11 countries** implemented measures advancing full and sustainable HIV financing

18 countries with Joint UN Plans on AIDS aligned to national priorities and the Global AIDS Strategy

Eastern and southern Africa: 2022 Core and non-core expenditures and encumbrances by funding source (in millions of US\$) - Cosponsors and Secretariat total of US\$ 146.3 million



¹ Source of data on prevention and HIV treatment coverage (2021): UNAIDS global data on HIV epidemiology and response, see <https://aidsinfo.unaids.org/>.

In 2022, in the eastern and southern Africa region, coverage of HIV testing and treatment programmes continued to increase to high levels including notable progress in the implementation of dolutegravir-based treatment in 20 countries and the annual number of new HIV infections continued to decrease significantly, including among adolescent girls and young women. Five countries reduced the rate of vertical transmission of HIV and syphilis below 5%. The Joint Programme also improved access to HIV, SRH and social protection services among vulnerable and key populations through strategic advocacy, high-level political engagement, capacity building and technical assistance. Various countries, backed with technical and financial support from the Joint Programme, implemented the Stigma Index 2.0, improved legal and policy frameworks and reduced criminalisation of key populations to uphold the right of all people to health and social services and pave the way to reaching AIDS-related targets. Twenty countries improved the quality of programme data, delivery of differentiated services, linkages, referrals, social and behavioural change communication strategies, national coordination and programme monitoring for adolescent girls and young women.



UBRAF Outcome 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

The Joint Programme boosted combination prevention and treatment programmes, including through strategic and technical guidance, and promotion of cooperation and innovations. The new HIV prevention guidelines of the Southern African Development Community (SADC) support better-targeted prevention programmes among key populations. An HIV prevention scorecard analysis of progress and bottlenecks was undertaken, and accelerated actions were adopted by SADC Ministers of Health for HIV prevention (UNAIDS Secretariat).

In Malawi, Mozambique, Uganda and Zambia, the Strategic Initiative for Condom Program Stewardship 2021–2023 stressed the importance of condom use as a key HIV prevention and contraception method. Commodity forecasting and quantification, "last-mile" distribution, demand creation, total market approaches, and monitoring and evaluation activities were supported in those four countries. South-South exchanges also strengthened knowledge and experience-sharing around condom distribution (UNFPA, UNAIDS Secretariat). In South Africa and Zimbabwe, the dapivirine vaginal ring was approved as a new choice of HIV prevention for women who are at risk of HIV infection—implementation of a pilot programme is underway in those countries.

In Mozambique, South Africa, the United Republic of Tanzania and Zimbabwe, over 600 representatives of government and civil society organisations improved their knowledge of harm reduction among people who inject drugs in prisons (UNODC, WHO).

All but one of the countries in this region implemented dolutegravir-based treatment, thereby improving access to quality medicines for people living with HIV. Several countries also maintained programmes for 3–6 months multimonth dispensing (MMD) of antiretrovirals (ARVs), with most countries adopting three-month MMD.

Botswana, Eswatini, Mauritius, Namibia and South Africa achieved the target of reducing the rate of mother-to-child transmission of HIV below 5% by 2021. Botswana maintained its status as being on the path to EMTCT of HIV, syphilis and hepatitis B, while Malawi, Namibia and Rwanda became front-runners to achieve the EMTCT targets. In 2022, Namibia completed a national assessment for the path to elimination, using WHO certification tools, and preparations are well underway to submit a "silver tier" certification application to the regional validation committee in 2023. Countries with slower progress towards the 90–90–90 targets developed catch-up plans and leveraged reproductive, maternal, newborn, child and adolescent health programmes to improve health outcomes (UNICEF, WHO, UNFPA, UNAIDS Secretariat).

To drive evidence-based programming, government institutions in eight countries have strengthened their strategic information capacities. A total of 160 experts from across the region are now better equipped to use data models to identify gaps and improve quality of data, including inequalities by age, sex and geographic location. Currently, nine countries are operating "health situation rooms" that generate improved visualization of data (UNAIDS Secretariat). Madagascar and Mauritius also improved size estimations and HIV data for key populations, through technical and financial support of the Joint Programme.

UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.

Equitable access to services for all was advanced in 10 countries through reinforced community-led responses. A study on the impact of community-led HIV service delivery beyond HIV was completed, and results showed the positive impact of community-led programmes in expanding access to broader health, social protection and economic empowerment programmes to achieving Universal Health Coverage (UNAIDS Secretariat). Community-led monitoring also expanded significantly in most countries in the region, strengthening evidence for policy and programmatic changes as well as Global Fund and PEPFAR grant implementation. Four regional networks of young people living with HIV, sex workers and transgender people developed community-led evidence gathering tools to monitor the level and quality of access to HIV, sexual and reproductive health and other essential health-care services (UNAIDS Secretariat).

The regional Joint United Nations Sex Workers and Civil Society Advocacy Framework was developed to scale up HIV programmes for sex workers, strengthen partnerships and

mobilize resources to close gaps exacerbated by the COVID-19 pandemic (UNHCR, WFP, UNDP, UNFPA, UN Women, ILO, UNAIDS Secretariat). The Africa Key Population Experts group developed and rolled out a renewed advocacy agenda with and for key populations, and Uganda completed a mapping of national emergency resources for key populations.

Angola, Zanzibar (in the United Republic of Tanzania) and Zimbabwe implemented the Stigma Index 2.0 among people living with HIV, and the Joint Programme established a strategic partnership with the International Community of Women Living with HIV in eastern Africa to conduct a regional analysis of the Stigma Index 2.0 findings from the last three years (UNAIDS Secretariat).

The [*Advancing the human rights and inclusion of LGBTI people: a handbook for parliamentarians*](#) publication was developed and disseminated to 1,500 delegates at the 145th Inter-Parliamentary Union Assembly in Rwanda, thanks to support from the Joint Programme. Following capacity-building trainings, over 213 parliamentarians from 12 countries have increased their knowledge on the revision process of abortion laws, elimination of gender-based violence and decriminalization of consensual same-sex relationships, and have been further familiarized with sexual orientation and gender identity and expression concepts. The first African Parliamentary Forum on Gender and Sexual Diversity was established to advance inclusion of the rights of LGBTI+ people in policies, laws, and practices across the region (UNDP).

Ministries of Justice in 11 SADC countries convened to discuss their role in improving the legal environment and deepening their engagement on the urgency of law reform to achieve inclusive justice systems and ensure no one is left behind. The African Regional Judges' Forum strengthened the role of the judiciary in advancing the human rights of marginalized populations, particularly the LGBTI+ community. Eighty-one judges and prosecutors from 22 countries were sensitized on progressive national legal systems to address the criminalization of same-sex relationships and the inclusion of LGBTI+ community in health-care programmes. National human rights institutions from six countries also received support from the Joint Programme to strengthen their capacity to protect and promote inclusion of LGBTI+ rights, and 78 commissioners expanded their understanding of sexual orientation, gender identity and expression, and of Resolution 275² on the protection against violence and other human rights violations on the basis on real or imputed sexual orientation or gender identity (UNDP).

Young people established networks and received technical and financial assistance to implement youth-led HIV responses in 10 countries. In the United Republic of Tanzania, they were empowered to promote and defend the rights of adolescent girls and young women during a historic young women's regional leadership summit hosted by the country's President (UN Women, UNAIDS Secretariat). In addition, 50 young people from eight countries issued a statement calling on governments, parliamentarians, intergovernmental agencies, civil society, academia and private sector to ensure access to quality HIV and SRH services and remove legal barriers preventing young people from accessing these services (UNAIDS Secretariat).

² Resolution 275 entitled "Protection against Violence and other Human Rights Violations against Persons on the basis of their real or imputed Sexual Orientation or Gender Identity" adopted by the African Commission on Human and Peoples' Rights (ACHPR) in 2014.

Edu+, a digital education tool, was launched in Eswatini, Lesotho, Uganda, the United Republic of Tanzania and Zambia to strengthen young women leadership. The Girls' Education and Women's Empowerment and Livelihood programme was implemented in Zambia, with financial and technical support from the Joint Programme. Organizations of women living with HIV improved their leadership capacity and maintained an active role in amplifying efforts to meet the needs of adolescent, young women and women living with HIV in Kenya, South Africa, the United Republic of Tanzania, Uganda and Zimbabwe.

Advocacy strategies engaged regional and national decision-makers for more equitable access to SRH services and CSE among vulnerable young people. One hundred education professionals from 15 countries, including teachers, curriculum developers, educators and civil society representatives serving learners with disabilities were trained on CSE and are expected to disseminate knowledge and skills learned in their respective countries (UNFPA, UNESCO).

As part of the 2gether 4 SRHR regional programme, 10 countries made encouraging progress in creating an enabling policy and legal environment for adolescents, sharing knowledge, empowering communities and delivering SRH and rights services, thanks to the Joint Programme's sustained support. In addition, Kenya and Malawi adapted the HIV and SRH and rights social and behavioural communication toolkit for young people. In Kenya, young people led the entire process (UNICEF, UNFPA, WHO, UNAIDS Secretariat)

SADC reviewed its Resolution 60/2, which calls for actions to address the underlying causes of high levels of HIV infections among adolescent girls and young women, thus reinforcing the importance of HIV and gender in SADC Member States (UNFPA, UN Women, UNAIDS Secretariat). Malawi, Namibia, South Africa, Uganda and Zambia documented national experiences on sexual and gender-based violence, which were used to improve point-of-care service delivery and inform national strategies.

Religious and traditional institutions, as well as community and opinion leaders from nine countries were sensitized and engaged to address social norms, harmful practices and gender-based violence, particularly among adolescent girls and young women and key populations (UNDP, UN Women). For example, institutional changes were begun in Eswatini, Lesotho, Malawi, Namibia and South Africa to address unequal gender norms within traditional courts. South Africa and the United Republic of Tanzania used the recommendations of the gender assessment on the integration of HIV and gender-based violence programmes in their respective national HIV strategic plans. Zambia developed a male engagement strategy, while Botswana galvanized effective male engagement thanks to the support from a new Joint Programme-supported regional technical advisory group on male engagement. Support from the Joint Programme also led to the launch of a regional framework for engaging men and boys.

In the United Republic of Tanzania, collaboration with the Public Procurement Regulatory Authority contributed to the development of effective policies, strategies and tools that enhance service delivery. It also facilitated local, women-led and women-owned private sector investment in production and manufacturing of goods and services, and promotes digital and innovative solutions for sustainable public procurement across the region (UNDP).

UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

Several countries in the region took notable steps to improve the access, robustness and integration of health-care services; expand existing social protection mechanisms; and strengthen country readiness for emergency and humanitarian crisis with significant contributions from the Joint Programme.

With the Joint Programme's support, all but two countries in the region are providing better-integrated services to address HIV and TB coinfection in accordance with WHO guidelines. The services include TB preventive treatment, HIV screening among people with TB, TB screening among people living with HIV, and treatment for coinfecting patients.

South Sudan built on the COVID-19 pandemic response and related Global Fund grants for longer-term investments to build a more resilient health system, with significant contributions from the Joint Programme. For instance, laboratory equipment and commodities were procured and installed in health-care facilities across the country and sexual and gender-based violence programmes are now available.

In Kenya, Mozambique and South Sudan, people in humanitarian settings and hard-to-reach areas accessed primary health-care services, including for SRH and HIV, as well as services for survivors of gender-based violence. This was achieved through government-operated mobile clinics and IOM-operated mobile and temporary clinics, and was made possible by the Joint Team's partnerships with local authorities and development partners.

All countries in eastern and southern Africa developed action plans to enhance their preparedness to implement the Minimum Initial Service Package for Humanitarian Settings, following the regional readiness assessment conducted under the 2gether 4 SRHR regional programme. (UNICEF, UNFPA, WHO, UNAIDS Secretariat). In Mozambique, key officials from the Ministry of Health were also trained on HIV in emergency and humanitarian preparedness.

A repository of Inter-Agency Toolkits for HIV in Emergencies and Humanitarian Settings was established to expand access to HIV prevention, treatment, care and support services in humanitarian crisis in the region. Additionally, 16 SADC Member States completed the Migrants Right to Health a Legislative and Policy Review, which outlines the extent to which legal and policy frameworks in each country enable migrants to access public health-care services. These findings are used for advocacy with SADC Member States to realize the rights of migrants to access those services (IOM, OHCHR).

Ministries of Health in 11 countries expanded SRHR and HIV prevention, testing and treatment services among asylum seekers and refugees, and representatives from

Ministries of Health and UN agencies in seven countries were oriented on the global operational guidelines for addressing the health-care needs and protection of people who exchange sex for money or other goods and services in humanitarian settings. This was done with technical support from the Joint Programme (UNHCR, UNICEF, UNFPA, WHO).

Rwanda completed the HIV and Social Protection Assessment to improve the HIV sensitivity of its social protection programmes. In addition, extensive social protection programming, which included the provision of cash transfers to vulnerable households, was rolled out in Zambia. Other programmes were operating across the region in 2022 to protect vulnerable girls and women and reduce their vulnerability to HIV infection, including a newly launched project in South Sudan.

The Joint Programme actively supported the new Global Fund Cycle 7 in eastern and southern Africa. A hybrid workshop organized in Kenya, in October 2022 convened participants from 19 countries to ensure evidence-based funding request which also follow the latest guidance and integrate innovations on HIV, community-led responses, human rights and gender, as well as more integrated and resilient systems for health (WHO, UNFPA, UNAIDS Secretariat).

Lessons learned

Lessons learned showed the need for multisectoral programming, including around issues of gender, social services, justice and education, and for establishing an operational mechanism to address structural and social barriers that hold back the HIV response. Also important are diverse, innovative approaches for working with the regional economic communities, and ensuring the active involvement of the gender, legal and health sectors.

Expanded community-led responses and monitoring are crucial for continuing and accelerating progress towards ending AIDS, through partnerships with communities and service providers. Also vital are disaggregated data and evidence on programme/policy implementation for addressing gaps, and informing advocacy, improving programming and sustaining the HIV response.

The COVID-19 pandemic showed that digital technologies and platforms offer multiple pathways towards greater resilience of HIV and other essential health service. For example, virtual mentoring and supervision of health workers, client follow-up and communication and psychosocial support should be combined with offline platforms to reach vulnerable and populations.

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