



**Fast Tracking towards ending
AIDS as a Public Health
Threat by 2030**

UNAIDS
Regional Support Team
Eastern and Southern Africa
2015 Annual Report

UNAIDS / JC2XXXX (English original, March 2015)
ISBN xxxxxxxxxx
Revised and reissued, April 2016
Copyright © 2016
Joint United Nations Programme on HIV/AIDS (UNAIDS)
All rights reserved.

Front cover photo: Supplied by UNAIDS RST ESA

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. UNAIDS does not warrant that the information published in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

ABBREVIATIONS

Acronym Meaning

ART	Antiretroviral Therapy
CEDAW	Convention Commission on the Elimination of all Forms of Discrimination against Women
CN	(Global Fund) Concept Note
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DHS	Demographic and Health Survey
EAC	East African Community
eMTCT	Elimination of Mother to Child Transmission
ESA	Eastern and Southern Africa
GB	Global Fund
GBV	Gender-based Violence
HEARD	Health Economics and HIV/ AIDS Research Division, University of KwaZulu Natal
HTC	HIV testing and counseling
LGBTI	Lesbian, Gay, Bisexual, Transgender Intersex
MDG	Millennium Development Goal

Acronym Meaning

MSM	Men who have sex with men
NAC	National AIDS Council
NASA	National AIDS Expenditure Assessment
PHLIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PWID	People who inject drugs
REC	Regional Economic Communities
TAF	Technical Assistance Fund
TB	Tuberculosis
TSF	Technical Support Facility
SADC	Southern Africa Development Community
SDG	Sustainable Development Goal
SRHR	Sexual Reproductive Health and Rights
SW	Sex Worker
UCO	UNAIDS Country Office

CONTENTS

TITLE	PAGE
Foreword	5
Executive Summary	6
Introduction: Fast track towards ending AIDS in 2030:implication for ESA Region	8
Maintaining HIV in the political and development agenda	10
Countries' planning, programming and decision making is based on high quality strategic information	21
People who are left behind are accessing equitable, expanded HIV services (prevention, treatment and care)	28
Countries have sustainable resources for the AIDS response	50
Annexes	
A. 2015 Outputs Achievements Activities Matrix	63
B. Think tank members and Secretariat Team	67

1. Foreword

It is, once again, my pleasure to present results of the work of the UNAIDS Regional Support Team for Eastern and Southern Africa for 2015. As the leader of this impressive and dedicated group, it is very important to me that our work is of tangible value, not only to our country offices in the region, but in the lives of children, youth, adults, families and communities where the HIV epidemic has the greatest impact. It is only if we all work closely together that we will bring about an end to all new HIV infections, all AIDS-related deaths, and all forms of HIV-related stigma and discrimination in our region and globally.



The year 2015 was one of important reflection and change. We came to the end of the period covered by the 2011 Political Declaration on HIV and AIDS as well as the period covered by the 2000 Millennium Development Goals.

While we all deserve due credit for achieving and exceeding targets we set for ourselves during this important times in global development, we must also realize there is more work still ahead if we are to take full advantage of the opportunity to achieve the Fast Track targets and finally end AIDS as a public health threat by 2030.

The achievements, set out in the report for the RST ESA and the region, show how we have gained from our reflection on our progress, and how we will become more evidence-driven, strategic and focussed as we move forward. I am particularly proud of our achievements in regional advocacy; our leadership and support for the regional contribution to the UNAIDS Strategy 2016-2020; our work to mobilise communities and engage young people; our on-going support for high quality strategic information; our work to advance on gender equality, human rights and social justice; and our leadership and technical support for improving the quality and coverage of high impact interventions, and for greater efficiency and sustainability of investments in the regional AIDS response.

None of the work that we do would be possible without our country, regional and global partners. In particular, we are grateful for the support of the Government of Sweden, without their generous support we would not have come this far. This funding builds bridge for partnerships with PEPFAR, Global Fund including strengthening the Joint UN efforts to advance the AIDS response. This year has been marked by unprecedented progress in scaling up the SRH-HIV linkages project. It is very important to me that in 2015 we added a number of civil society partners to our collective effort.

A special thank you to our Executive Director for his strong interest and invaluable support to the region. I thank the extra-ordinary members of my team whose commitment and hard work during 2015 has benefited us all and made my role as Regional Director a joy and an honour to undertake.

Let me close on a more personal note. It was an immense privilege for me to be part of the delegation in Uganda to host the visit of His Holiness Pope Francis. For me, he embodies much of what are looking for from religious leaders in championing the AIDS response. Moved by the testimony of a young woman living with HIV, he spoke poignantly about our collective moral responsibility to all young people to work towards an AIDS-free world in the nearest possible future. I will continue to give all of my effort to fulfilling this responsibility, and to motivating all those around me to join me in that pledge.

2. Executive Summary

The Eastern and Southern African (ESA) region has seen tremendous progress in 2015 towards ending new HIV infections, reducing AIDS-related deaths, and eliminating all forms of HIV-related stigma and discrimination. Much of the work for the RST ESA during 2015 focused on supporting countries to consolidate and leverage gains, while implementing innovative strategies to reach and exceed the new Fast-Track targets by 2020. To bring an end to AIDS as a public health threat by 2030.

The UNAIDS Regional Support Team (RST ESA) was instrumental in helping to position this critical work within the broader context of the new Sustainable Development Goals (SDGs), and the new post-2015 global development agenda. The year 2015 also allowed for critical reflections on progress achieved since the launch of the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS in 2011; and since the launch of the Millennium Development Goals in 2000.

Delivering in the context of the Comprehensive Results Framework

The work of the RST ESA was guided by a comprehensive results framework consisting of four main outcome areas. The results and highlights of the four outcomes combined, account for much of the progress made in the region towards the fast-track targets defined for 2020. The progress referred to is also indicative of the strategic and competent technical value delivered by the RST ESA to strengthen and expand the regional HIV response.

These outcome areas are articulated below and each covered in more detail in this report. The outcomes with a few concomitant highlights include:

Outcome 1: HIV remains high on the political, development and health agenda and key global, regional and national HIV commitments are implemented. The work under this outcome focused on securing the commitment of country and regional level partners to the 'Fast-Track to End AIDS' targets. The RST ESA also facilitated broad, multi-sectoral inputs to the finalisation of the new UNAIDS 2016-2020 strategy; and ensured the regional voices and HIV priorities were heard during the finalisation of the SDGs and the post-2015 development agenda. Highlights for the 2015 year included work with Regional Economic Committees (RECs) and the African Union (AU) with reference to the finalisation of the Sustainable Development Goals, the work with SADC to advance regional priorities on HIV and gender in preparation for the Commission on the Status of Women Session 60 (CSW60), and the coordination and leadership for the International Conference on AIDS and STIs in Africa (ICASA) held in Harare.

Outcome 2: Country planning, programming and decision making is based on high quality strategic information. Work under this outcome reinforced the reality that in order to achieve high-impact results, country and regional level HIV responses need to be guided by quality strategic information. The RST ESA continued to play a leadership role to improve the quality and comprehensiveness of strategic information, helping to ensure that countries across the region maintained a high level of technical competency in this area. This included the provision of training and technical support to countries, the development of a joint HIV/TB gender assessment tool and the launch of the first RST ESA 'situation room' serving as an on-line tool to consolidate and 'visualise' strategic information to monitor and adjust the HIV response on a 'real-time' basis.

2. Executive Summary

Outcome 3: People who are left behind (focusing on adolescents and young people, women, girls, sex workers, men who have sex with men, people who inject drugs, migrants) have equitable access to comprehensive HIV services (prevention, treatment and care). The focus under this outcome was on developing innovative approaches with a view to removing barriers to equitable access to HIV services, including the promotion and protection of human rights; supporting countries to improve the quality and coverage of high-impact HIV interventions, addressing the specific needs of key populations and young people; and strengthening HIV responses in cities. Some of the highlights of this work included the creation of the Africa Regional Think Tank on HIV, Health and Social Justice as a platform for regional activists and thought leaders to accelerate action and results on human rights and social justice in the context of HIV. " RST ESA working with partners created the momentum to reinvigorate combination prevention, and renewed leadership commitment to HIV prevention in 5 countries." Highlights for 2015 also include the successful partnership for UNAIDS and UNFPA to drive evidence generation and innovation for SRH-HIV integration."

Outcome 4: The work in 2015 as reflected in this annual report focused on maintaining momentum towards achieving the Fast Track targets by supporting countries to build a sufficient and sustained resource base through the optimisation of the allocation of available funds. The RST provided technical support for the development of Global Fund submissions; Investment Cases and Sustainable Financing Analyses to inform the advocacy efforts of countries and RECs. Key highlights in this outcome area include: i) the development of sustainable financing analysis that covers all countries in SADC and EAC; ii) the launch of the collaboration with the World Bank, HEARD and Harvard University to bring regional and global level expertise to bear on issues of efficiency and sustainability in financing HIV responses; and iii) the coordination of technical support for the development of Global Fund concept notes and PEPFAR Country Operational Plans to secure USD1.9 billion for HIV, TB and malaria programmes across the region.

The outlook for 2016

The many gains and progress emerging out of the year 2015 provide a critical backdrop to the work that continues well into 2016. Some of the priorities relate to advocacy, coordination and technical support for the regional roll-out of the new UNAIDS Strategy 2016-2020: On the Fast-Track to end AIDS, the scale-up of prevention with a focus on women and girls, maximum coverage of high quality, impact interventions for all populations and sub-groups across the region, civil society-led involvement in the HIV response at country and regional levels; and engagement with Ministries of Finance from SADC and EAC to ensure buy-in and action to promote the financial sustainability of responses. Key to advancing progress towards the targets is high-level advocacy and engagement to maintain strong political commitment to the HIV response across the region.

3. Introduction

Fast track towards ending AIDS in 2030: Implications for ESA Region

In 2014 UNAIDS launched the Fast Track Approach to accelerate implementation towards ending AIDS as a public health threat by 2030. Quickening the pace over the next 5 years to achieve Fast track Targets is the pathway to end AIDS by 2030. In contrast, business as usual will result in a rebound of the epidemic by 2030. Failure to Fast Track will result in an additional 17.6 million new HIV infections globally, and an additional 10.8 million AIDS related deaths globally between 2016 and 2030.¹ The cost of inaction would be an additional USD 24 billion every year for antiretroviral therapy by 2030, while investing in the fast track between 2015 and 2030 would yield economic returns of USD 15 per dollar invested.²

The expansion of the response will require countries to frontload investments until 2020 and enable effective and efficient implementation. UNAIDS estimates that approximately USD 26.2 billion will be required in 2020 to fast track the AIDS,³ and overall, the financing needs of the HIV response will remain substantial for many years to come, with current commitments becoming increasingly out of line with future fiscal liabilities.⁴

The funding gap to achieve the Fast Track target is likely to expand as donor funding declines. It has been observed that donor funding for HIV in low- and middle-income countries grew by less than 2 percent, totalling USD 8.64 billion in 2014, when adjusted for inflation and exchange rate changes, this increase is marginal (1 percent).⁵

In 2015 RST ESA initiated regional and country dialogue to advocate for the adoption of the Fast Track approach. To ensure focus on reaching Fast Track targets in the region, the RST ESA led dialogue with UNAIDS country offices to identify bottlenecks to implementation and define the country-level fast track targets. RST ESA continues interactions with UNAIDS Country Office to identify major bottlenecks to implementation and action required to address the barriers and accelerate the response

¹ www.unaids.org – Fast Track Update on Investments Needed in the AIDS Response, March 2016

² www.unaids.org – UNAIDS Fast Track Strategy Brochure.

³ www.unaids.org Fast Track Update on Investments Needed in the AIDS Response, March 2016

⁴ Vassall A, Remme M, Watts C, Hallett T, Siapka M, et al. (2013) Financing Essential HIV Services: A New Economic Agenda. PLoS Med 10(12): e1001567. doi:10.1371/journal.pmed.1001567

⁵ International HIV Assistance from Donor Governments: Disbursements, 2002-2014 to Low-Middle Income Countries [Source: UNAIDS and Kaiser, June 2015]

3. Introduction

RST ESA has facilitated a strong focus on the following at country level:

- Countries have identified priority actions to reach fast track targets, and prioritization of locations and populations where the risk is highest - addressing the needs of women, girls and key populations
- Supporting countries to reach 90/90/90 by strengthening health and community systems including big cities
- securing sustainable financing for responses in the region
- Developing innovative approaches to increase access to services for populations left behind

The RST ESA has mapped out the support required for countries to implement Fast Track and mobilized technical support to Fast Track countries. This report outlines the achievements of RST ESA in 2015 in line with the RST ESA Results Based Framework which is organized around the following outcomes:

Outcome 1: HIV remains high on the political, development and health agenda and key global, regional and national HIV commitments are implemented.

Outcome 2: Country planning, programming and decision making is based on high quality strategic information

Outcome 3: People who are left behind have equitable access to comprehensive HIV services.

Outcome 4: Countries have sustainable resources for their HIV responses.
The report articulates achievements, challenges and way forward for each outcome area.

FAST TRACK PRODUCTS FOR ESA

Product 1 : Cities

Roll out plan of the Paris Declaration developed and launched in at least 10 major cities

Product 2 : Fast Tracking

Roadmap for fast tracking towards 2020 and ending AIDS by 2030 implemented by all fast track countries with focus on 90 90 90, young women and people left behind

Product 3 : EMTCT

50 high burden communities in low performing countries mobilised to accelerate implementation of PMTCT services with focus on testing and B+

Product 4 : Advocacy

A regional advocacy plan is developed and rolled out.

Product 5 : Management for Excellence

A management-for –Excellence plan is developed and roll-out in the RST ESA office and all UCO's

Product 6 : Sustainable Financing

- Effective and Sustainable AIDS response through high level advocacy with RECs, MOF, MOH and partners; support transition and sustainability plans; and implement ICs to increase efficiency of the response.

Maintaining HIV in the political and development agenda

Overview

The focus of Outcome 1 in 2015 was to ensure the adoption of the UNAIDS Fast Track approach as articulated in the UNAIDS 2016 - 2021 strategy. The Fast Track approach seeks to accelerate the AIDS response over the next 5 years to reach the critical HIV prevention and treatment targets as well as achieve zero discrimination. The UNAIDS Strategy is aligned with the Sustainable Development Goals (SDGs) that define the framework for global development over the next 15 years.

In addition, this outcome focused on ensuring alignment of regional strategies and initiatives with the Fast Track approach and the SDGs. It further demonstrated collaborative action by the UN, RECs and CSOs to advance:

- a) Sexuality education and reproductive health services for adolescents and young people;
- b) Gender equality and empowerment of women

Output 1.1: Countries prioritise and integrate HIV in national development planning frameworks and sectoral plans for fast-tracking the HIV response by 2020 and ending AIDS by 2030.

UNAIDS 2016 - 2021 Strategy:

In March 2015, the RST ESA convened a one-day regional consultation on the new UNAIDS strategy representing a critical step in shifting the regional discourse towards Fast Tracking the response. Over a hundred participants representing national governments, civil society, communities, academia, regional economic bodies, donors and the UN family attended the consultation.

The outcomes of the consultation resulted in the identification of seven thematic areas to be addressed if the region is to Fast Track to meet defined targets and achieve zero discrimination. The seven theme areas include Prevention, Treatment, eMTCT, Human Rights and Social Justice, Community Engagement, Political Commitment and Sustainability of responses. A High-Level Political Agenda was crafted by the Ministerial Panel in attendance at the consultation; and a recommendation was made for the development of an ESA Regional Strategy addressing the specific needs of the region.

The report that captured the outcomes of the consultation has been disseminated to all stakeholders and continues to be instrumental in communicating the agreed regional priorities.

The outcomes of the consultation also informed the articulation of the Unified Budget Results and Accountability Framework (UBRAF) 2016 - 2021 that translates the UNAIDS strategy into action at national and regional levels. The UBRAF is operationalised through the 2016 - 2017 UNAIDS ESA country and regional plans.

The UNAIDS convened a Global Management meeting in May 2015 to focus on the implementation of the Fast Track approach. This included the mobilizing and capacity enhance of UNAIDS Country Directors in driving the Fast Track agenda at country level. The result was the development of Fast Track Country Implementation Plans, adopted by all countries in ESA by the end of 2015.

Output 1.1: Countries prioritise and integrate HIV in national development planning frameworks and sectoral plans for fast-tracking the HIV response by 2020 and ending AIDS by 2030.

The International Conference on AIDS and STIs in Africa (ICASA)

The RST ESA used platforms such as the 18th International Conference on AIDS and STIs in Africa (ICASA) in December 2015 to reinforce and revitalize the commitment of leaders and stakeholders in the region. With over 10,000 delegates attending, the conference provided an opportunity to strengthen inter-sectoral collaboration in the AIDS response, and reinforced partnerships with governments, civil society, and development partners.

Commitments and Actions that emanated from ICASA 2015:

- a. Identification of follow-up actions that informed the agenda for the 21st International AIDS Conference (AIDS 2016) in Durban.
- b. Request from the Minister of Health of Namibia to the RST ESA to support the documentation of community oriented approaches employed by CSOs to advance the AIDS response.
- c. Buy in and commitment from Health Ministers of Angola, Lesotho, Namibia, Uganda and Zimbabwe to lead the Revitalisation of the HIV Combination Prevention agenda at country level. Ministers from Zimbabwe and Namibia further committed to supporting the roll-out of this agenda in their respective countries.

HIGHLIGHTS: ICASA 2015

Joint sessions organized by UNAIDS RST ESA included:

- Plenary session on Ending AIDS by 2030: An Achievable goal
- High Level session on Fast track to ending the AIDS by 2030
- Leadership session on revitalizing HIV combination prevention in ESA region.
- DREAMS Dialogue between young women/girls with UNAIDS DXD Programme, UNAIDS Regional Director, ESA and US Ambassador Deborah Bix
- Sex Worker dialogue session between UNAIDS DXD Programme, UNAIDS RST ESA Director
- Transformative leadership: the role of African Women in sustaining the AIDS response in the post 2015 Era - attended by the First ESA Lady of South Africa, Queen Nana from Ghana, and HLTF
- Leadership session on the Africa Union sustaining visionary leadership towards ending AIDS in Africa by 2030.
- Plenary on "Closing the Gap" by empowering women and Girls
- Empowering Adolescents and young people in enhancing their role in sustainable development
- UNAIDS and WHO session on "Celebrating Prevention: Voluntary male circumcisions at 10 million"
- Presentation of draft regional strategy on Male Engagement
- UNAIDS AND UNFPA session "Integration of sexual and reproductive health: Expanding access to services"

Output 1.2: Regional Economic Communities consistently advocate the implementation of regional and global HIV commitments at regional and country levels.

Advocating with the Regional Economic Communities (RECs):

The RECs provides an important platform for UNAIDS to advocate for the implementation of key global and regional commitments in the context of priority regional concerns.

The RST ESA worked closely with SADC and EAC to ensure their regional HIV plans adopt the Fast Track Approach, and embrace the shift towards SDGs. As a result, the SADC Secretariat is finalising the SADC Integrated Strategy on HIV, TB, Malaria and SRH 2016 - 2021 representing the first ESA ambitious regional strategy to integrate 4 vertical programmes in line with the SDG agenda. The EAC HIV and AIDS/ STI and TB Multisectoral Plan and Implementation Framework (2015 - 2020) also adopts Fast Track targets for the region.

The contribution of the RECs to the Implementation of the ESA Commitment on Comprehensive Sexuality Education:

The RST ESA advocated for the implementation of the ESA Commitment on Comprehensive Sexuality Education thereby unifying the vision of sexuality education and reproductive health services for adolescents and young people in the region. The RECs (SADC, EAC and COMESA) are championing accountability on this commitment, and overseeing its implementation at country level.

Notwithstanding UNESCO leadership on the implementation of the ESA Commitment, in 2015, the RST ESA continued to spearhead high-level advocacy, and brokered the expansion of regional partnerships. This was to support country implementation of the commitment with a focus on enforcing the Accountability Framework developed in 2014. The aforesaid was made possible given that the RST ESA Director chairs the High Level Group and the Technical Coordinating Group that drive the process of implementation.

Furthermore, through the process of implementing the Commitment, countries across the region strengthened their efforts to improve Sexual and Reproductive Health (SRH) services for adolescents and young people in order to achieve better SRH outcomes. Twenty-one countries developed policies and strategies for programming in this regard. The health and education sectors are now collaborating to ensure that the demand generated from increased access to Comprehensive Sexuality Education in schools is met. (For more information see ESA Ministerial Commitment Changing the game for young people in Eastern and Southern Africa, 2 year review of progress)



Output 1.2: Regional Economic Communities consistently advocate the implementation of regional and global HIV commitments at regional and country levels.

CSO Contribution to Implementation of the ESA Commitment:

Civil Society played an important role in the implementation of the ESA Commitment. This included advocacy for implementation, pushing for accountability, and acting as a bridge between duty bearers and right holders, especially for young people and their families.

In 2015, the RST ESA convened a meeting with CSOs to explore their roles in implementation of the ESA Commitment. As a result, CSOs developed a Strategy and Operational Plan to guide and inform their involvement with this agenda.

The ESA Commitment is now a tool that can be used to improve reporting on contributions by CSOs towards implementation, and the work done with young people based on agreed targets.

CSOs selected AIDS Accountability International as the focal organization to elevate visibility of their work in subsequent reports.

Evidence generated from the implementation of the ESA commitment was used to advocate for inclusion of comprehensive sexuality education in regional and global fora, such as the Convention for the Status of Women (60) and UNAIDS Programme Coordinating Board (PCB). The PCB adopted the UNAIDS Strategy 2016-2021 which recognizes CSE as an age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, non-judgemental information and calls expansion of CSE both in and out of schools.

Commission for the Status of Women 60 (CSW 60)

During the 2012, 56th Session of the Commission on the Status of Women, and for the first time in the history of the CSW, the negotiation process failed. This was due to three contentious issues that called for a vote because of disagreements. The issues included i) understanding of "comprehensive sexuality education"; ii) evidence around the age of sexual debut and its benefits for protecting young girls from HIV; and iii) upholding agreed language on issues around sexual and reproductive health and rights. These issues re-emerged at the CSW58 in February 2014. SADC as a result withdrew its sponsorship of the resolution.

In preparation for the Commission for Status of Women 60 2016 (CSW60), the RST ESA advocated for a resolution to be fully owned by the Africa group. The RST ESA lobbied SADC to reconsider sponsoring the CSW60 Resolution on HIV.

In May 2015, UNAIDS and UN Women in collaboration with the SADC Secretariat convened SADC Ministers in Harare. The Ministers of Gender and Women Affairs requested detailed preparations by SADC Member States on the CSW60, the development of common positions as well as liaisons with the SADC mission to New York. This was needed to create platform for country-led resolutions and negotiations.

Output 1.2: Regional Economic Communities consistently advocate the implementation of regional and global HIV commitments at regional and country levels.

Subsequently, in July 2015, UNAIDS, UN Women and the SADC secretariat facilitated a technical Meeting for SADC member states represented by Ministries responsible for Gender, Health, Justice and Education. The intent of the meeting was the review of the content CSW Resolution on Women, the Girl Child and HIV and AIDS.

The meeting reviewed evidence and developed common positions on key issues; reviewed African, International positions and agreed language on related issues including the assessment of new opportunities and context provided by Africa 2063 and the Sustainable Development Goals both adopted in 2015. The meeting prepared and agreed a New Resolution for 2016, to be taken to the wider African group for buy-in successful adoption at the CSW 60 in New York in March 2016.

High Level Advocacy with Organisation of African First ESA Ladies (OAFLA):

The RST ESA working with UNAIDS AU Liaison office and the UNICEF regional office, advocated the Organisation of African First Ladies Against HIV/AIDS (OAFLA) who committed to championing the All In initiative for adolescents in countries as part of their agenda for 2016/2017. The All In initiative was launched in Kenya and Namibia in 2015.

Advocating the empowerment of women and girls

UNAIDS Executive Director, Michel Sidibé, advocated against gender based violence and for empowerment of women and girls in Zimbabwe. Resulting in the invitation to one young Zimbabwean woman to share her testimony of sexual violence at the PCB.



Output 1.2: Regional Economic Communities consistently advocate the implementation of regional and global HIV commitments at regional and country levels.

Reaffirmed the commitment of the Champions for AIDS free generation

The Champions for an AIDS Free Generation is a platform comprised of former heads of states and other eminent persons from Africa, who are mobilized to advocate for ending AIDS. They have a unique position to rally and support regional leaders towards ending the epidemic as a public health threat. The RST ESA provides technical support and dedicated staff time to the Champion's secretariat.

In April 2015, the Champions and principals from PEPFAR, UNAIDS, SADC, ECOWAS and the private sector met to agree strategic direction of the platform. The Champions re-affirmed their commitment to the Revitalised Champions' Programme and welcomed five new Champions to the programme. A declaration was signed by all Champions which state their commitment for an AIDS free generation to advocate for:

Achieve steeper declines in new HIV infections,

- Focus on adolescent girls and young women, the face of HIV in Africa,
- Reduce external dependency through a common continental approach and
- Stronger partnership for the urgent scale-up of action



Present at the Champion's High Level Coordinating Committee Meeting; Champions - H.E Festus Mogae, H.E. Joyce Banda, H.E. Joaquim Chissano, H.E. Kgalema Motlanthe, H.E. Alpha Konare, H.E. Benjamin Mkapa, H.E. Kenneth Kaunda and H.E. Speciosa Wandira-Kazibwe. PEPFAR: Amb Deborah Brix: SADC: Mr. Stephen Sianga: Private Sector: Dr Brian Brink: ECOWAS Commission: Dr Mariane Ngoulla UNAIDS: DXD Luiz Loures, RD Sheila Tlou, DRD RST ESA Pierre Somse, DRD RST ESA WCA Leopold Zekeng, Rosemarie Museminali, Director Mbulawa Mugabe, Director Annemarie Hou, UCD Erasmus Mora Champions' Secretariat: Makhamokha Mohale

Output 1.2: Regional Economic Communities consistently advocate the implementation of regional and global HIV commitments at regional and country levels.

ADVOCACY HIGHLIGHT - The Pope calls for care for all people living with HIV

When Regional Director Sheila Thou accepted a Presidential invite to participate in events organised for Pope Francis' November, 2015 visit to Uganda, her foremost advocacy goal was for a pope to publically acknowledge HIV as a global concern for the first ESA time in history. Prior to departing, the RST ESA confirmed the best way to achieve this objective of ensuring that the Pope's address include and acknowledge the issue of HIV and AIDS in Africa was to identify a young woman born with HIV to contribute as a speaker at the youth event organized for the visit.

In the UNAIDS Regional Director's own words, "The Pope's event with young people was exactly what we had advocated for : An articulate 24 year old Winnie Nansumba shared her life story, that she was born with HIV, had lost both her parents when she was barely seven years old, and as a young woman needed support and guidance on relationships and her sexuality. After her testimony, Pope Francis reminded the leaders of Uganda of their moral responsibility to care for all people living with HIV. He



Winnie Nansumba, who was born HIV-positive, is blessed by Pope Francis in Uganda on 28 November.

Photo Credit: Andrew Medichini/AP (via The Guardian)

Output 1.3: Civil society is mobilised to monitor progress and strengthen accountability for the implementation of HIV commitments at regional and country levels.

The Civil Society contribution is critical if countries are to accelerate HIV prevention, treatment and achieve zero discrimination. In 2015, it was important for the RST ESA to ensure that CSOs and communities embrace and align to the Fast Track imperatives and understand its implications.

The RST ESA strengthened the advocacy efforts of community networks. Several examples follow:

- a. A partnership was established with HEARD and the Civil Society Health Partnership Forum to facilitate consultations with the AU, COMESA, SADC and EAC on the role of CSOs in the implementation of the Sustainable Development Goal. This culminated in a draft strategy for civil society to engage with the AU and RECs in the context of the SDGs. The strategy argues for the centrality of CSOs in the SDGs to ensure universal access to health is a reality for most people. Their role includes advocacy, being a bridge between the state and its citizens, pushing for accountability and providing intelligence.
- b. UNAIDS provided input in the development of new strategies for the Eastern Africa Networking of AIDS Service Organizations (EANNASO) and SAFAIDS. These forward-looking strategies define the role of the organizations post-2015, in addressing HIV as part of a broader agenda on health. As a follow up, and in preparation for HLM 2016, a consultation will be held with CSOs to advance a common position on the HLM targets.
- c. In an effort to mobilize youth-led action on the post 2015 agenda and SDGs, the RST ESA supported the establishment of national alliances in 4 countries in ESA region, facilitating national advocacy on the post 2015, agenda. By the end of 2015, the RST ESA mobilized financial resources and facilitated training to ensure implementation of the SDGs, and other national, regional and global commitments
- d. In collaboration with UNESCO, RST ESA provided support for capacity development and revitalization of the African youth and adolescents network for population and development (AfriYAN), an umbrella network of youth organisations in the ESA region. As a result, UN partners undertook a needs assessment to identify capacity gaps and facilitated the establishment of leadership and governance structures to ensure coordination and sustainability of the region's youth movement.

Output 1.3: Civil society is mobilised to monitor progress and strengthen accountability for the implementation of HIV commitments at regional and country levels.



HIGHLIGHT:

Youth Voices - ACT 2015

“My name is Levi Singh, I am 21 years old and I live in Durban, Kwa-Zulu Natal. I've had the privilege of working with UNAIDS for the past two and a half years now and my journey has been nothing but spectacular and humbling.

I was selected to attend the ACT!2015 global meeting in New York, where I was tasked to present the priorities for South African youth and their SRHR to our counterparts from Bulgaria, Zimbabwe, Zambia, Kenya, Nigeria, Mexico, Thailand, Tunisia, and the USA.

In April of 2015, thanks to the support, belief and efforts of UNAIDS the previous year, the ACT!2015 South African National Youth Alliance advocated successfully for the inclusion of youth delegates on South Africa's national delegation to the United Nations Commission on Population & Development. At 20, I was the first ESA youth delegate on an official national delegation to the United Nations in 21 years (since the end of apartheid).

Undoubtedly, none of these advocacy milestones would've been reached without the support of UNAIDS at a country and regional level. UNAIDS has consistently and constantly looked for innovative ways to partner with youth and their unrelenting enthusiasm. The tragedy is that, as an adolescent advocate, you aren't really taken seriously. Anywhere between 18-20 years of age are the toughest years as one transitions into adulthood. UNAIDS has chosen to see things differently by encouraging, empowering and promoting adolescent voices and making them feel they have a seat at the table and that their contributions matter.”

Output 1.3: Civil society is mobilised to monitor progress and strengthen accountability for the implementation of HIV commitments at regional and country levels.

UNAIDS followed through on the meeting held with civil society in 2014 to discuss community mobilization in the post 2015 period. The meeting defined the paradigm shifts required and the impacts of civil society in the response. The emphasis was on shifting top-down agendas towards demand creation in communities for HIV services, and the promotion of approaches that build on community strengths, and enable communities to become central actors in impacting health outcomes. This follow through in 2015 helped to align CSOs to the Fast Track agenda and strengthened advocacy efforts of community networks.

Challenges:

- Advocacy results are often slow to come and difficult to measure. This was addressed by the RST ESA developing a Regional Advocacy Strategy which is pending finalization.
- The declines in funding for HIV and AIDS have implications for the sustainability of the response.
- Escalation of emergencies throughout the region (18 of the 25 countries now on emergency alert) is likely to compound existing vulnerabilities and risk of HIV infection and reinfection among key populations.
- Migration becoming a major element in planning in the region, both in and out of country. Forced and unforced mobility towards urban centres are already impacting on health outcomes.

The way forward:

- Facilitate the dialogue on CSW 60 and the High Level Meeting on ending AIDS in 2016.
- Convene a CSO consultation in 2016 to advance a Common Position on the HLM targets.
- ESA CSOs will develop a shadow report on the implementation of the ESA Commitment in 2016.
- RST ESA will finalize an ESA Regional Advocacy Strategy

2015 RESULTS AT A GLANCE

OUTCOME 1 – Advocacy & Political Commitment

UNAIDS RST ESA Working Modalities

(a) Political advocacy and leadership development for investment, political commitment and accountability at country, regional and global levels.	(b) Facilitating coherence, and fostering coordination and partnerships for greater impact amongst national, regional and global stakeholders.	(c) Generating evidence, brokering knowledge and catalyzing innovation to respond to changing contexts and priorities regarding HIV in the region.	(d) Building and leveraging strengths of counterparts in UNAIDS country offices to shape the direction of national responses.
---	--	--	---

(e) Provision of responsive, high-quality TA aligned to country needs.

The result of RST ESA-led regional consultations and country level advocacy for the adaptation and adoption of Fast Track targets and UNAIDS Global Strategy 2016-2021, is significant buy-in from countries and regional partners, leading to the adoption of the fast track approach.: Contributions (a)/(b)/(d) - Five regional Fast Track products and country matrix.

RST ESA collaborated closely with Regional Economic Communities in East & Southern Africa and the AU Liaison office for the continental position on ending AIDS by 2030.

Contributions (a)/(b) – UNAIDS RST ESA convened a regional multi-stakeholder consultation to facilitate the regional translation of global strategies. Subsequently lent substantial support to dissemination, communication and messaging at key meetings and events; and facilitated partnership discussions with SADC and EAC on the sidelines of ICASA 2015 and REC endorsement of the 2015 Plan of Action.

ICASA 2015 in Harare engaged the African continent through the participation of over 10,000 delegates in the post MDG framework, that positioned the UNAIDS strategic goals of reaching 90, 90, 90 and Fast Tracking the HIV/AIDS response at the forefront of the Health and HIV agenda.

Contributions (a)/(b) – UNAIDS RST ESA organized nine joint sessions at the conference and facilitated a session that benefitted from the contributions and inputs of populations left behind (women, sex workers and young people). The Regional Director led the Leadership Programme Committee and Joint UNAIDS contribution (sessions and presentations) within the conference. Regional Program Advisors were actively involved in the development of sessions and in the mobilization of partner participation, towards a successful conference.

Several high-level representation and advocacy activities raised awareness, mobilized support and facilitated political commitments for the UNAIDS agenda across all ESA countries. Further, in striving to maintain attention and sustained resource allocations to HIV/AIDS responses in the context of the transition from the MDG to SDG era, the focus was in positioning the relevance and importance of ending AIDS across multiple sectors (Education, Health, Finance, Justice, Women).

Contributions (a): The RST ESA continued to provide leadership for the adoption of the ESA commitment for Comprehensive Sexuality Education. Six high-level advocacy visits to the region by EXD & DXD (Ethiopia, Botswana, Rwanda, Malawi, Kenya & South Africa), over 25 high-level visits and 3 country support missions (Mozambique, Zambia, Ethiopia) by the RD & DRD leveraged political clout to maintain visibility and unblock implementation bottlenecks.

Mobilisation of civil society to advocate, monitor progress and strengthen HIV commitments

Contributions (a)/(b): Leveraged MoU with HEARD to support production of a draft strategy for civil society to engage with the AU and RECs in the context of the SDGs. Provided inputs to regional CSO post-2015 strategic plans. Promoted youth voices through support of ACT!2015 for advocacy and resource mobilisation at Safaids & ENNASO, and AfriYAN for leadership and coordination structures.

Countries' planning, programming and decision making is based on high quality strategic information

Overview

As the region most impacted by HIV and AIDS proceeds with the ambitious global charge to Fast Track responses in a climate characterised by declining resources, it is more critical than ever that countries in ESA have accurate strategic information of the HIV epidemic.

The focus of this outcome in 2015 was to ensure the effective implementation of the "population and location" concept which is the main stay of Fast-Track. More specifically the RST ESA focused on the generation and use of:

- National and sub-national estimates in incidence and prevalence
- Mode of Transmission studies and regional synthesis on four key populations
- Gender sensitive assessment tools

Output 2.1: Countries are generating high quality strategic information.

By the-end of 2015, RST ESA made available updated incidence and prevalence data for all countries, that contributed to the generation of the UNAIDS Global Estimates.

In February 2015, close to 200 participants attended two **Regional HIV Estimates Trainings** (Southern Africa; East and West Africa), funded and organised by UNAIDS. Each workshop updated participants on the latest estimation methodology, and allowed countries to develop new epidemic models with up-to-date information on the HIV epidemic. As a result of these meetings, all countries in the ESA region were able to generate updated estimates of the epidemic and produce summaries and reports on the current epidemic status for the Global AIDS Response Progress Reporting process (GARPR). Data generated by countries also forms the basis for national, regional and global level epidemic reports and are being used widely across all levels (Government, UN, Academia, Civil Society) to monitor the epidemic, for advocacy purposes, to plan the response, and to assess its impact.

Epidemic data and estimates significantly contribute to programming and resource mobilisation in the development of country Investment Cases, National Strategic Plans and Global Fund proposals. In 2015, there was a global push from PEPFAR and UNAIDS to scale up the implementation of the "population-location" concept, which has led to increased utilisation of the regional strategic information team for technical support and advocacy to substantiate country operation plans (COPs).

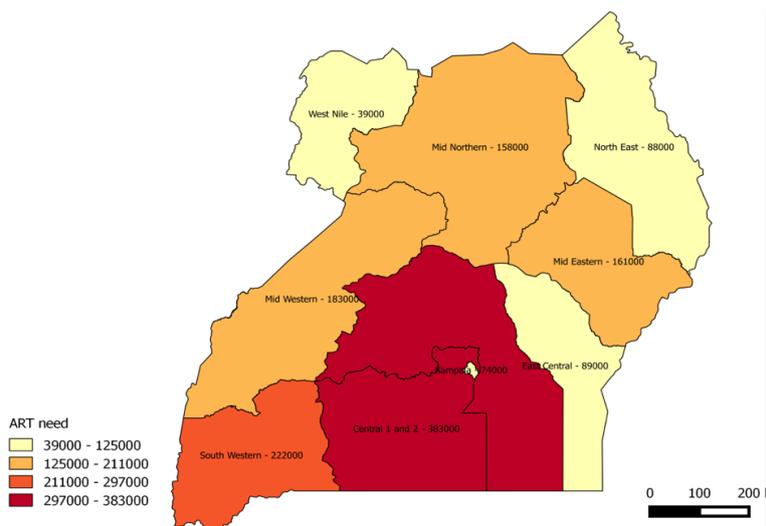
Output 2.1: Countries are generating high quality strategic information.

HIGHLIGHT: UGANDA SUB-NATIONAL ESTIMATION TRAINING & RESULTS

Like most countries in the region, Uganda has been generating national HIV estimates bi-annually and recently initiated annual national HIV estimates. Due to significant differences in population dynamics, regional priorities, and an increased focus on sub-national targeting mandated by PEPFAR's 2014 Country Operational Plan (COP), UNAIDS' country office realised an increased demand for sub-national indicators, which required additional training and technical support to deliver. In February 2015, five participants from Uganda attended the sub-national estimates training facilitated by the UNAIDS. In response to country demand, experts from Avenir Health, the RST ESA, and the US Census Bureau conducted a follow up 5-day training intensive for 21 members of Uganda's National Monitoring and Evaluation Team in October.

The in-country team utilised UNAIDS' sub estimation models to quantify and map regional variations in HIV prevalence, incidence trends, ART and PMTCT needs.

From Uganda's training and estimation exercise, funding partners (i.e. PEPFAR/USG and Irish Aid) have approved shifts in 2016 resource allocation in order to promote ART scale-up in regions with low coverage. Moving forward, Uganda's response will target regions identified with upward incidence trends in new infections by scaling up the implementation of prevention and treatment programmes that have been effective in the regions with decreasing trends. National planning has also intensified the scale-up of PMTCT coverage in regions with highest need as demonstrated by sub-national data on new HIV infections among children.



The map on the left depicts substantial variations in ART need across regions from highest (red) to lowest (yellow).

Uganda's subnational training and estimation exercise in 2015

Output 2.2: Countries utilise high quality strategic information for policy and programme implementation decision-making.

UNAIDS routinely monitors and promotes the utilisation of strategic information at regional and country level. **Mid-term reviews (MTRs)** of the National Strategic Plans and Joint Annual Programme Reviews (JAPRs) are organised as a regular activity of UNAIDS' Joint Programme Accountability Mechanisms. Based on the outputs of these exercises, the RST ESA assists countries to develop Aide Memoires that cite progress in the utilization of data. A few significant examples follow as highlights of 2015:

The **Modes of Transmission (MoT)** model, established in 2002, is UNAIDS' operational standard for generating data to direct country level prevention activities. The **'Know Your Epidemic/Know Your Response'** studies use available data (epidemiological and behavioural), and mathematical models to generate information on the number and distribution of new infections by modes of transmission, including the disaggregation of incidence across key populations (people who inject drugs, sex workers, men who have sex with men). MoT outputs have led to a better understanding of the role of key populations in the HIV epidemics in the region, and have helped countries to address major data limitations in this regard. Results have been widely used in the development of Investment cases, National Strategic Plans and Global Fund proposals. Often in conjunction with data on resource allocations to assess the degree of alignment between where new infections are occurring and where resources are being allocated.

The RST ESA facilitated the update of (MoT) studies in nine countries that capture specific information of how new HIV infections are distributed across major modes of transmission, and provide understanding of the major risk factors for infection.

In 2015, the RST ESA facilitated the wide dissemination and utilisation of the KYE/MOT reports for political dialogue and high level engagement in 5 countries (Malawi, Tanzania Uganda, Zambia and Zimbabwe) where data was incorporated into country MTRs. In addition, the RST ESA was involved in revising the Modes of Transmission (MoT) model and piloting in Eritrea, Madagascar, Mozambique, Tanzania and Zambia. Studies are also underway in Botswana and in the Comoros and being planned in Swaziland and Ethiopia. In most instances, the country MoTs are accompanied by comprehensive reviews/synthesis of all available epidemiological data. The results of the MoT and epidemic synthesis give countries an indication of how new HIV infections are distributed across major modes of transmission and what the major risk factors for infection are.

Output 2.2: Countries utilise high quality strategic information for policy and programme implementation decision-making.

Regional

synthesis on sex workers, men who have sex with men, transgender population and people who inject drugs.

Based on the outcomes of the regional consultation on four populations left behind (sex workers, MSM, transgender and people who inject drugs) held in 2014, a regional synthesis on the four populations was produced in 2015, and will be launched at the IAC 2016 in Durban. This regional synthesis demonstrates the need to focus on these 4 populations to Fast Track the HIV response in the region and defines the needs expressed by the community representatives themselves. The report is a result of the collaborative efforts of the World Bank and UNAIDS.

UNAIDS gender assessment tool (GAT) was piloted globally in 2012-2013 with the aim of identifying and addressing the diverse needs of women and girls in the context of HIV at the country level. Over four years, the tool has been implemented in 38 countries, including 15 in the ESA region.

In 2015, UNAIDS collaborated with Global Fund and Stop TB Partnership to produce a modified GAT including a dual assessment of national responses to HIV and tuberculosis. The development of this Joint HIV/TB gender assessment tool was a direct result of demand from countries to carry out gender assessments of TB programmes – yielding strategic information necessary to implement cross-cutting, transformative, gender sensitive responses. Joint TB/HIV gender assessments were carried out in 3 countries (Lesotho, Mozambique, Namibia) and especially Lesotho was applauded by Global Fund for the comprehensive gender component in its concept note. Mozambique is using it for programming of the global fund grant and Namibia will use it to inform the concept note to Global Fund.

In early 2015, UNAIDS RST ESA initiated a regional analysis of gender assessments and tools implemented in ESA. The analysis identified best practices, challenges and lessons learned from administering the instrument. Results directly informed regional and country-level approaches and interventions to fast track HIV, SRH and fed into the RST ESA's broader advocacy on gender, including CSW60 2016 HIV Resolution discussed in the Outcome 1 section of this report. The RST ESA disseminated a summary report of this analysis that included recommendations to inform programming, resource mobilisation and the next iteration of the tool.

To strengthen gender equality in the context of the AIDS response, the region requires gender sensitive indicators to measure progress towards greater gender equality. RST ESA therefore convened a capacity building workshop for 14 countries in the region on gender inequality and HIV using the WHO tool for gender-sensitive monitoring and evaluation.

This training brought together Strategic Information and Community Mobilisation advisors from UNAIDS; Civil Society representatives and Gender Advisers from governments in the region. The training reinforced partnerships between UNAIDS, UN Women and WHO in the area of gender inequality and HIV – especially strengthening of evidence for targeted programming and interventions. As an outcome of this workshop, countries are reviewing HIV and health indicators to track progress towards gender equity and equality.

In 2016, UNAIDS will follow-up on progress in the finalisation and use of gender sensitive HIV indicators.

Output 2.2: Countries utilise high quality strategic information for policy and programme implementation decision-making.

HIGHLIGHT: KENYA HIV SITUATION ROOM

With UNAIDS technical and resource mobilisation support, counties and Sub-counties in Kenya are taking ownership of local level efforts towards elimination, prevention of new infections and meeting treatment targets as a result of live access to local data.

In September 2015, the President of Kenya, Uhuru Kenyatta, and the Executive Director of UNAIDS, Michel Sidibé, launched the first ESA country situation room in Kenya.

By presenting a single electronic interface that is continuously updated strategic information from four data sets, the Kenya HIV Situation Room will enable quick feedback on results at the county and community levels and identify any bottlenecks and access issues - ultimately streamlining communications between policy-makers and implementers to help Kenya stay on track to reach its national health targets and improve the lives of people affected by HIV (http://www.unaids.org/sites/default/files/20150917_PR_HIV_Data_Kenya_en_final.pdf). In the words of President Uhuru Kenyatta, "this system has capacity of infinite expansion, and hence provides a platform for continuous improvement in the use of technology for the use of development."

To date, there is evidence of a visible reduction in stock-outs and increased access to services as a result of real-time geo-spatial data through the Treatment Situation Room implementation.

Kenya's HIV Situation Room was developed by the National AIDS Control Council and the Kenyan Ministry of Health in with technical and financial support from UNAIDS, and financial support from the Government of Japan

The RST ESA is leveraging the momentum of this achievement by sharing, offering support and advocating for establishment of situation rooms throughout the region. After expression of interest from Zambia, a country that has demonstrated high capacity to generate and apply strategic information, UNAIDS RST ESA has planned a visit in early 2016 to demonstrate Kenya's technology and facilitate the translation of this innovation to a second country in ESA.

Multimedia: Launch of the HIV Situation Room (NTV Kenya) - <https://www.youtube.com/watch?v=fRYvd4xuXdl>



Kenya's President Uhuru Kenyatta (L) and UNAIDS Executive Director Michel Sidibé (2-L) listen to Director of National AIDS Control Council Nduku Kilonzo as she talks them through Kenya's HIV Situation Room using an electronic tablet.

Photo Credit: UNAIDS

Countries' planning, programming and decision making is based on high quality strategic information

Challenges:

The consistent challenge in generating strategic information to support Fast Track targets is the region's limited scope and capacity to produce localised data for programmatic decision-making, leading to heavy reliance on countries— many of which do not have collection mechanisms in place. Data from countries also varies in quality, making regional aggregation difficult. In more emergent countries, local SI advisors are providing substantial support in this regard.

Way forward:

RST ESA's goal in 2016 is threefold - 1. Scale up of "location-population" in line with new UNAIDS guideline, 2. Establish a regional information hub, to collect and better collect and disseminate strategic information to partners in the region. 3. Promote the establishment of "Situation Rooms" at national level to ensure real time monitoring of the response and effective use of strategic information for planning and programming.

UNAIDS working with UN Women on the 'Fairshare' regional initiative to ensure appropriate inclusion of HIV with gender in both humanitarian and development settings

2015 RESULTS AT A GLANCE
OUTCOME 2 - Strategic Information

UNAIDS RST ESA Working Modalities

(a) Political advocacy and leadership development for investment, political commitment and accountability at country, regional and global levels.	(b) Facilitating coherence, and fostering coordination and partnerships for greater impact amongst national, regional and global stakeholders.	(c) Generating evidence, brokering knowledge and catalyzing innovation to respond to changing contexts and priorities regarding HIV in the region.	(d) Building and leveraging strengths of counterparts in UNAIDS country offices to shape the direction of national responses.
---	--	--	---

(e) Provision of responsive, high-quality TA aligned to country needs.

UNAIDS global reports include updated data from all ESA countries. RST ESA, in collaboration with national-level SI advisers also developed epidemic profiles for each of the region's 22 countries.

Seven countries (Zambia, Uganda and Kenya, Ethiopia, Zimbabwe, Rwanda, South Africa and Malawi) developed Sub-National Estimations. Countries are now also producing programmatic data (adult and child treatment, PMTCT) twice per year to allow monitoring of progress towards high-level commitments.

Contributions (c)/(e) - In financial and technical support to countries from RST ESA: including n-site mission support to countries provided by Strategic Information advisors Convening and financial support for 2 regional training workshops aimed at increasing capacity for countries to produce SI in line with Fast Track targets. In 2014, RST ESA established a hub for 21 country profiles on their website (http://www.unaids_rstesa.org/countries/) for public accessibility, general use within countries and for regional/global purposes.

With data on hand, 5 countries utilized results of KYE/MoT studies to lend critical input and programmatic direction to 2015 MTRs, Global Fund Proposals and Investment Cases - with particular relevance to populations left behind. Five countries (Angola, Namibia Ethiopia, Malawi, Mauritius) initiated or completed their studies in 2015.

Contributions (c)/(d)/(e): RST ESA organized and facilitated Regional KYE/MOT Training in 2015, and subsequently provided technical assistance and financial support for country follow up and implementation. RST ESA also facilitated the wide dissemination and utilization of KYE/MOT reports for political dialogue and facilitated high level engagement in the 5 countries initiating or completing studies during the year.

Results of gender assessments informed the revision of 2015 NSP's in seven countries. A modified HIV/TB GAT was developed and piloted in four countries. A RST ESA -led regional analysis of the gender assessments and tool identified best practices, challenges and lessons learned from administering the instrument.

Contributions (c)/(d)/(e): RST ESA provided logistical and technical support to retain and train a pool of ESA consultants to develop the joint HIV/TB tool and carry out assessments and regional analysis. The RST ESA also completed analysis and visualisation of epidemic trends in males and females for all countries to assess differences in vulnerabilities of women, girls, men and boys. In-country technical assistance and advocacy activities facilitated ownership of the tool and coordination/integration across relevant departments including Ministries of Gender and Women's Affairs, Health (SRHR services), Education & Justice (for human rights components).

Overview

The focus of the outcome is to catalyze access to comprehensive HIV services for people and communities left behind. The new UNAIDS strategy fosters the development and promotion of innovative approaches to bridge the gap in access to HIV services - giving prominence to the voices of key populations and young people.

In 2015, leading with evidence from UNAIDS GAP report and Fast Track, the RST ESA initiated several innovative interventions to ramp up the response for populations left behind. This was achieved through partnership with civil society, communities, governments, private sector and research institutions. The approach encompasses innovation in the 4 areas:

- **human rights and gender equality**
- **community mobilisation**
- **scale-up of combination prevention and treatment**
- **integration of HIV/SRH services**

Output 3.1: Countries adopt a human-rights based, gender-sensitive public health approach to ensure equitable health access to services and full inclusion of PLHIV and people left behind in national HIV

As the HIV epidemic evolves across the region, the centrality of a human rights approach has become incontestable. Stigma, discrimination and punitive legal environments continue to negatively and disproportionately impact people living with HIV and other key populations. In this context, UNAIDS plays a catalytic role in mobilizing communities, human rights advocates, policy and decision makers through political advocacy and leadership with the view to remove barriers to HIV prevention and access to treatment.

In 2015, the RST ESA commissioned a rapid contextual assessment of current and emerging trends on HIV, human rights and social justice. This spurred the establishment of the regional Think Thank on Human rights and social justice as well as the Right Access Movement as an effort to respond to and to prevent human rights violations in the region.

The RST ESA has also invested substantial effort and resources in promoting and protecting human rights for PLHIV, key populations and vulnerable groups. The following highlights demonstrate results achieved in 2015.

Right Access Movement – Social Media Awareness Campaign

The Right Access Movement initiated by the RST ESA seeks to bring PLHIV, key populations, including young women and girls to the forefront of a country's efforts to increasing access to HIV and other health services through social mobilization and skills development.

Output 3.1: Countries adopt a human-rights based, gender-sensitive public health approach to ensure equitable health access to services and full inclusion of PLHIV and people left behind in national HIV

In 2015, under the Right Access banner, RST ESA embarked on a pilot project utilising YouTube animations to highlight issues of social injustice and inequality to be addressed. The pilot focused on addressing discrimination against young people in the healthcare settings, soliciting over 760,000 views on YouTube, along with numerous insightful comments from a broad range of viewers.. This video reached viewers in 24 countries across the globe, though the majority of viewers were from Southern African countries (Botswana, South Africa, Namibia and Zimbabwe). 75 percent of viewers were male and 67 percent watched from a mobile phone. In 2016 this pilot will be implemented and disseminated with the existing network of young people living with HIV including through the SRH-HIV Linkages project.

Regional Think Tank on HIV, Health and Social Justice for East and Southern Africa

The UNAIDS RST ESA's rapid analysis of current and emerging regional trends and issues on HIV, human rights and social justice was also an important catalyst for the establishment of the Regional Think Tank on HIV, Health and Social Justice for East and Southern Africa. The RST ESA established the Think Tank to provide a platform to strengthen collaboration and strategic thinking on Human Rights issues and to facilitate, pro-active action in service of human rights and justice agenda for populations left behind in the region.

In March 2015, the RST ESA launched the Think Tank comprised of a group of activists and thought leaders on HIV human rights and social justice. See annexure B for list of members. The RST ESA is currently serving as the secretariat for the Think Tank. The first priority for strategic engagement was to embark on a critical review of the effectiveness of interventions to advance on human rights and social justice for HIV across the region. The Think Tank identified priorities for action, as well as issues to be addressed to ensure the repositioning and alignment of the human rights agenda in line with to contextual realities.

" Our Think-Tank is a home grown, inclusive African human rights outfit that conceptualizes, reconceptualizes, interrogates and problematizes human rights and social justice in the context of our lived reality and the understanding that human rights belongs to everybody - and that exclusion of any person, especially the LGBTI community, on irrational and judgmental basis is an affront to all humanity." Justice Dingake, Botswana High Court Judge and Think Tank Co-Chair

"The Think Tank provides a much-needed space for dialogue and action on the significant human rights challenges on our continent. In its first year, Think Tank members have reflected on difficult issues, sought to re-frame the human rights discourse in our unique context. By adopting an innovative approach, it has also managed to be responsive by supporting country level efforts that are geared towards pre-empting human rights crisis. We can only secure the human rights in Africa through African led initiatives that can offer home-grown solutions to our unique challenges". Ms. Wanjiku Kamau , AIDS Alliance, Think Tank Co-Chair

Output 3.1: Countries adopt a human-rights based, gender-sensitive public health approach to ensure equitable health access to services and full inclusion of PLHIV and people left behind in national HIV

Following the Think Tank's inaugural meeting, key outcomes in 2015 have included:

- Working with national stakeholders in Uganda and Mauritius, country specific human rights concerns have been addressed. In Uganda, the Think Tank facilitated the development of in-country action plans to guide, inclusive engagements on human rights issues impacting populations left behind. The minister of Health and Quality of Life of Mauritius invited the Think Tank to provide a neutral space for inclusive dialogue and to facilitate discussions with national stakeholders, civil society, including people living with HIV and people who inject drugs (PWID) regarding the new proposed harm reduction programme by the government of Mauritius. The Think-Tank brought together representatives from the Government and civil society to emphasise the importance of harm reduction programmes for HIV prevention and for social justice. The Think-Tank produced a country reflection document and a set of recommendations for the country to move this important agenda forward.
- The Think Tank has issued a Strategy Paper commenting on the post-2015 development agenda from the perspective of promoting human rights and enabling social justice in HIV. This has led to reinforcing human rights and social justice aspects in the post-2015 agenda.
- The Think-Tank convened a workshop session on HIV, health and social justice as part of the ICASA. Overall, the session highlighted how the Think-Tank was regarded as an important resource for the region and how necessary it was for the group to continue to move forward to clarify its purpose and to be more present and active on HIV-related human rights and social justice issues.

Output 3.1: Countries adopt a human-rights based, gender-sensitive public health approach to ensure equitable health access to services and full inclusion of PLHIV and people left behind in national HIV

Gender equality

Gender inequality and harmful gender norms are fuelling new HIV infections and create barriers for access to HIV services. Women and girls are the most vulnerable to HIV infection in the ESA region and represent 59 percent of those living with HIV as at 2014. However, men are significantly underrepresented in uptake of HIV testing and treatment services⁶. In 2015, recognizing the gap in targeting men with interventions that encourage HIV testing, treatment and gender equitable norms; the RST ESA developed a draft regional strategy for Male Engagement in the AIDS response to bridge this gap. The RST ESA also continued to support Pan African Positive Women's Coalition (PAPWC) to be the voice of women living with HIV in Africa (see highlight below).

REGIONAL HIGHLIGHT: PAPWC

The Pan African Positive Women's Coalition (PAPWC) was founded on 25 May 2012 in Harare, Zimbabwe by a small group of women living with HIV from across the African continent. PAPWC is a member of the Global Coalition on Women and AIDS. By 2013, the coalition was largely inactive. Between 2013 and 2014, the RST ESA supported the collective by building governance structures and trust, and by 2015 the region is starting to see results from the coalition's existence as a structured and coordinated network.

In February 2015, PAPWC held its inaugural board induction and governance training in Nairobi Kenya, with technical support from the RST ESA. The RST ESA worked with PAPWC to influence the agenda of OAFLA and ICASA 2015. PAPWC coordinated a vibrant Women's Networking zone at the ICASA 2015 which provided an opportunity to discuss topics that are of concern but had not made it to the ICASA main programme – e.g ageing with HIV, HIV and menopause, disability, HIV and sexuality. The coalition also launched a quarterly newsletter in 2015. Ms Dorothy Onyango, PAPWC Chairperson, also represented the Coalition at UNAIDS global Fast Track strategy meeting in Bangkok, Thailand.

In 2016, the RST ESA will continue support PAPWC in their advocacy efforts through technical support and brokering partnerships.

⁶Cornell, M.; McIntyre, J. and Myer, L. (2011) 'Men and Antiretroviral Therapy in Africa: Our Blind Spot', *Tropical Medicine and International Health* 16.7: 828–9

Regional Strategy on Male Engagement

Engaging Men in the AIDS Response: A game changer

Overview of session

UNAIDS Regional Support Team Eastern and Southern Africa and Sonke Gender Justice invite you to a panel presentation and strategy development session on how to engage men more proactively in the AIDS response. The interactive session will seek your input into a regional strategy to fully engage men to increase men's access and uptake of HIV and SRH services and to challenge harmful gender norms and promote gender equality.

Keynote remarks

Dr Pierre Somse

Deputy Director, UNAIDS Regional Support Team Eastern and Southern Africa

Panelists

Reverend Phumzile Mabizela

Executive Director, Inerela

Chesterfield Samba

Director, GALZ, Zimbabwe

Dominica Dhakwa

Team Leader HIV, Prevention, Care and Treatment for Families, SA/AIDS Zimbabwe

Remy Shawa

SRHR Portfolio Manager, Sonke Gender Justice, South Africa

Session chair

Khanya Mabuza

Executive Director, National Emergency Response Council on HIV/AIDS, Swaziland

Thursday 3 December, 2015 | 14:45 to 16:15 | Prof Soudre Room, ICASA, Harare



Challenges:

The demand for expertise by Think Tank and political advocacy role of the RST ESA regarding human rights and social justice is increasing. However, there is inadequate resources available to meet this demand.

Way Forward:

Going forward, the RST ESA will continue to broker and leverage partnerships to pre-empt and respond expand human rights crisis and violations.

In 2016, the RST ESA will focus on finalizing and rolling out the regional strategy on male engagement. One potential risk is that people will perceive that the focus will shift from women (the most vulnerable to HIV) to men. To address this, RST ESA will communicate clearly of the benefits of engaging men in the AIDS response, not only for men themselves, but also for women, girls and boys.

In 2015, the RST ESA embarked on a project with Sonke Gender Justice to ensure greater engagement of men in the AIDS response. The deliverables include a literature review on available evidence on male engagement in the AIDS response. A draft regional strategy for engaging men was developed which was presented at the ICASA satellite session on engaging men in the AIDS response in December 2015. Approximately 600 participants attended the session.

Building on these efforts and other initiatives, UNAIDS convened a High Level meeting in Geneva on Men and Boys the AIDS response. The RST also undertook a male vulnerability analysis, which was disseminated in an infographic booklet at this meeting. The Deputy Director has continuously been advocating for ESA's male engagement agenda and successfully has laid the ground for work in four countries: Malawi, Mozambique, Namibia and Zambia.

2015 RESULTS AT A GLANCE

OUTCOME 3 - Populations Left Behind

Output 3.1 - Countries adopt a human-rights based, gender-sensitive public health approach to ensure equitable health access to services and full inclusion of PLHIV and people left behind in national HIV responses.

UNAIDS RST ESA Working Modalities

(a) Political advocacy and leadership development for investment, political commitment and accountability at country, regional and global levels.	(b) Facilitating coherence, and fostering coordination and partnerships for greater impact amongst national, regional and global stakeholders.	(c) Generating evidence, brokering knowledge and catalyzing innovation to respond to changing contexts and priorities regarding HIV in the region.	(d) Building and leveraging strengths of counterparts in UNAIDS country offices to shape the direction of national responses.
(e) Provision of responsive, high-quality TA aligned to country needs.			

A locally-produced animation launched under the Right Access Campaign banner gained over 760,000 views on YouTube, raising awareness and engaging young people across the world in conversations about discrimination in access to healthcare.

Contributions (a)/(b) – UNAIDS RST ESA commissioned the content piece for this Right Access social media pilot.

UNAIDS RST ESA undertook a rapid assessment of current and emerging trends on HIV, human rights and social justice across the Eastern and Southern Africa (ESA) region. A report released in early 2015 presented evidence of a number of achievements and challenges regarding work on HIV, human rights and social justice for PLHIV and other key populations and vulnerable groups in ESA. This evidence created the impetus for convening a Regional Think Tank on HIV, Health & Social Justice and findings of the rapid assessment informed the deliberations of the inaugural meeting of the group in March 2015.

Contributions (a)/(b)/(c) – UNAIDS commissioned the research, disseminated results, convened the Think Tank and the RST ESA serves as its current secretariat.

Established in 2012, PAPWIC is now functioning as a coordinated collective of HIV positive women.

Contributions (a)/(b)/(e): RST ESA provided support to governance structures and facilitated to carry out country-level assessment work (i.e. stigma index in South Sudan).

RST ESA partnered with Sonke Gender Justice to produce an overview of available evidence for male engagement in the AIDS response and subsequent Regional Strategy on Male Engagement.

Contributions (b)/(c)

Output 3.2 Communities, including those in big cities, are meaningfully engaged in the planning, implementation and monitoring of services at community level to fast track the AIDS response.

The recent UNAIDS GAP report cited insufficient involvement of communities. Historically, high level initiatives to promoting community involvement, coordination and leadership in the AIDS response have been minimal. Community involvement will be critical if countries are to reach Fast Track targets.

Supporting Community Innovation

The RST ESA supported two pilot initiatives on community engagement to fast track the AIDS response: the Communities Acting Together to Control HIV (CATCH) pilot in Botswana which facilitates community driven activities through household consultations, joint planning and community-led implementation with monitoring; and the "Rock Leadership '90'" in Zimbabwe (see highlight below).

COUNTRY HIGHLIGHT: ROCK LEADERSHIP "90"

The Rock Leadership '90' project commenced with a 3 month pilot that was implemented in Seke district in Zimbabwe covering four wards. Pilot wards were selected through a consultative approach where district stakeholders and representatives of community leadership were engaged during the Project Inception Meeting. SFAIDS in partnership with Seke Rural Home Based Care executed the pilot with technical support and funding from UNAIDS RST ESA.

The pilot's goal was to contribute towards increased uptake of HCT, PMTCT and ART services by engaging and increasing the capacity of 150 traditional leaderships to promote service uptake with relevant messaging to their communities.

Results

Overall, 86 percent of the respondents, (up from 81 percent at baseline) concurred that traditional leaders are critical in HIV response in the community.

A considerable proportion of respondents (33 percent) reported that they had changed their perception and attitudes towards uptake of HIV services due to positive influence from a chief within the past 3 months, up from 14 percent at baseline.

The cumulative number of people on ART at the intervention institutions rose from 2,323 at the end of May to 4,878 by 31 October 2015.

A comparative baseline/end-line review of health facility registers also showed a 141 percent increase in number of people accessing HTC services during the three months of the pilot phase.

Output 3.2 Communities, including those in big cities, are meaningfully engaged in the planning, implementation and monitoring of services at community level to fast track the AIDS response.

The **Fast-Track Cities Initiative** was launched on World AIDS Day 2014 in Paris. This initiative is led by Mayors and city governments from more than 50 high HIV burden cities around the world with close engagement with affected communities, civil society, city health officials, clinical and service providers, and other stakeholders.

Following the signing of the Paris declaration in December 2014, and subsequent meetings in Mumbai and Accra, several cities in the ESA region have taken the initiative forward.

In 2015, RST ESA provided technical support to the following cities Dar Es Salaam (Tanzania); Lusaka (Zambia); Durban, Johannesburg and Pretoria (South Africa), Nairobi (Kenya); Maputo and Matola (Mozambique) to compile city profiles and develop 18 months implementation plans to achieve 90-90-90 target, to reduce new HIV infections and to reach the zero discrimination targets at city level.

These 8 cities also developed roadmaps in 2015. Additional cities such as Gaborone (Botswana); Windhoek (Namibia); Blantyre and Lilongwe (Malawi) are currently in the process of developing city implementation plans.

Challenges:

There are good practices of community service delivery models in the region. However, few of which are well documented and brought up to scale and supported by the government.

Way forward:

- Building on the pilot phase of Rock 90, the RST ESA in collaboration with SAfAIDS will implement the model in 5 countries (Malawi, Swaziland, South Africa, Zambia and Zimbabwe).
- The RST ESA will continue to document good practice models of bringing HIV services closer to the communities and advocate for scale up for these models.
- There have been impressive results with the work with cities but minimal dissemination. Further, these initiatives need to be brought to scale.

2015 RESULTS AT A GLANCE

Output 3.2 - Communities, including those in big cities, are meaningfully engaged in the planning, implementation and monitoring of services at community level to fast track the AIDS response.

UNAIDS RST ESA Working Modalities

(a) **Political advocacy and leadership development** for investment, political commitment and accountability at country, regional and global levels.

(b) **Facilitating coherence, and fostering coordination and partnerships** for greater impact amongst national, regional and global stakeholders.

(c) **Generating evidence**, brokering knowledge and catalyzing innovation to respond to changing contexts and priorities regarding HIV in the region.

In 2014, UNAIDS RST ESA held a meeting with civil society to discuss community mobilization in the post 2015 period. As result of this meeting, civil society partners achieved results through four concrete outputs in 2015:

- 1) Mobilization of over 150 religious leaders to agree on a common agenda for action in support of UNAIDS Fast Track agenda. The call to action was highlighted as one model for progressive action at the UNGASS and ICASA in the context of community mobilization.
Contributions (a) – RST ESA and UNESCO provided financial and technical support to a meeting convened by INERELA+, which brought together religious leaders & champions from 18 ESA countries.
- 2) Rock, a pilot project in the Seke district of Zimbabwe, leveraged an existing infrastructure of community leaders to increase uptake of HCT and ART referral/treatment services.
Contributions (a)/(b)/(c) – UNAIDS designed and developed the project in partnership with SAFAIDS.
- 3) CATCH (Communities Acting Together to Control HIV) allows community systems to facilitate community-driven activities via a ground-up approach starting with household consultations, joint planning and community-led implementation with monitoring. CATCH was piloted in the South East District of Botswana, where consultations with over 4000 households led to community actions in 2015.
Contributions (b)/(c) – UNAIDS provided seed funding and technical support for the pilot and brokered discussions between international and national partners in support of the initiative.
- 4) Documentation of successful community-oriented service delivery models in Malawi, which provided information and impetus for involvement of government and potential scale up to other areas throughout the country.
Contributions (c) – UNAIDS RST ESA supported the documentation of several approaches implemented by civil society over the years. This work informed a consultation between the Government of Malawi, CSOs and potential funding partners. UNAIDS RST ESA organized a subsequent session at the ICASA attended by the Namibian Minister of Health. Seeing the value of documentation work in Malawi, UNAIDS has been invited to collect similar evidence in Namibia.

8 cities in East & Southern Africa have endorsed and committed to UNAIDS' Fast-Track Cities Initiative and developed roadmaps to achieve 90-90-90 targets.

Contributions (a)/(c) – RST ESA has provided technical support to cities to compile city profiles and to develop 18 months implementation plans. Regional strategic information advisors facilitated the development and testing of templates for data collection with relevant country office teams.

Output 3.3 Countries have scaled up combination prevention including SRHR/HIV integration, prioritizing people left behind.

Fast-tracking Combination Prevention:

The ESA region has made considerable progress in progress in preventing HIV, new infections declined by more than 50 percent between 2005 – 2013 in Ethiopia, Malawi, and Rwanda; and by 30-50 percent in Botswana, Eritrea, Namibia, Tanzania, South Africa, Swaziland, Zambia and Zimbabwe.(source)

Despite this progress, more needs to be done if countries are to reach the 2020 Fast Track targets of reducing new infections and be on track to end AIDs as a public threat by 2030. It is well documented that no single HIV prevention approach can stop the epidemic, and that a focused combination prevention package that offers a mix of proven high impact HIV prevention interventions will be required if the ambitions of reducing new infections are to be realised in the ESA region. Further, if countries are to be successful in accelerating the pace of implementing combination prevention, leadership with accountability and commitment, innovation and sustained funding will be required.

Reinvigoration of HIV Combination Prevention in the ESA Region:

In 2015, the RST ESA working with UNFPA and Work Bank spearheaded an agenda to revitalize and intensify HIV prevention in the ESA region. They jointly convened a Regional Expert Meeting on Combination Prevention. This meeting affirmed that the vision of a world without HIV by 2030 will remain elusive if combination prevention is not addressed in the ESA region. The meeting recognized that:

- at present very little attention is being paid to prevention, especially primary prevention and agreed to the following action to reinvigorate HIV prevention in the region
- Key populations in ESA remain underserved, under involved, and under-represented, and their risks are exacerbated by stigma and discrimination;
- Strong leadership for HIV combination prevention (Prevention Champions) required at regional, national and sub-national levels in the ESA region if combination prevention is to be prioritized.
- Reliable data at a dis-aggregated level for programme planning, monitoring and evaluation.
- Adequate and sustainable financial resources (from domestic source and others) for HIV combination prevention are required to catalyze the implementation of combination prevention

Outcome

3

Output 3.3 Countries have scaled up combination prevention including SRHR/HIV integration, prioritizing people left behind.

As an important outcome of this meeting *four* countries - South Africa, Namibia, Zimbabwe and Kenya agreed to champion the roll out this agenda by strengthening implementation and innovation in combination prevention.

As a follow up to the regional expert meeting, UNAIDS, UNFPA, UNICEF and World Bank in partnership with the Government of Zimbabwe convened a high level leadership session at ICASA 2015. This session aimed at mobilizing political commitment with accountability for immediate action for strengthening implementation and scaling up combination prevention services at local level. This session galvanized the political momentum for prevention, and secured the buy in from national leadership from Namibia, Lesotho, Uganda and Angola to advance this agenda.

To ensure that countries commit to prevention priorities and invest in a package of high impact HIV prevention interventions, RST ESA continues to provide technical support to countries for the development of HIV prevention plans. In 2015, Zimbabwe and Tanzania benefitted from this support, and are now developing Sub- national Combination Prevention Plans.

Condom Push

In 2015 UNFPA/UNAIDS hosted a joint meeting to reinvigorate condom programming and identify ways to meet the Fast Track targets to reduce new infections. The meeting set ambitious targets to improve condom programming at country level.

THE CONDOM PUSH



A JOINT UNFPA/UNAIDS MEETING TO REINVIGORATE CONDOM PROGRAMMING IN EAST & SOUTHERN AFRICA TO END AIDS BY 2030

A focus on youth

Young people were major players at the meeting, calling for more attractive public sector condoms and accessible, friendly, and confidential condom distribution points.

Targeted services

There is a clear and urgent need to target condom distribution and education for key populations such as sex workers and men who have sex with men (MSM): female sex workers are 14 times more likely to acquire HIV and MSM 19 times more likely. Human rights and legal issues create barriers to condom access.

Sustainable financing

As donor funding for condom programming declines, governments will take on more financial responsibility. Finding cost savings and opening markets to commercial condoms are two ways to free up funds.



Fast-tracking condom programming

For two days in October, representatives from Ministries of Health, civil society organizations, youth networks, UN agencies, the private sector, and international donors came together in Windhoek, Namibia to share best practices in condom programming in East & Southern Africa and identify ways to meet UNAIDS Fast-Track targets to reduce new HIV infections by 75% by 2020 and end AIDS by 2030.

In a region where 13 countries account for 89% of all new HIV infections, meeting these targets will require rapidly scaling up condom access and use among populations most at risk, utilizing social media and innovative technologies, and engaging with new partners across different sectors and borders.



7 country action plans

The meeting produced country action plans on 7 key themes:

- Setting ambitious and realistic targets for condom programs
- Targeting for impact: condom programming for people most at risk and in key locations
- Using a "total market approach" to segment the market
- Making integrated condom promotion happen
- Creating demand and increasing access and usage among young people
- Identifying and addressing barriers to Fast-Tracking condom programming
- Identifying sustainable funding mechanisms and partnerships

No more business as usual

The meeting came at a crucial time in the AIDS epidemic. Condom use in the region is up overall, but there are still high numbers of HIV, STIs, and unintended pregnancies. New HIV infections among young people and adults (15+) declined by less than 10% between 2010 and 2014.

In a keynote address, Namibia's Deputy Minister of Health & Social Services, the Honourable Juliet Kavetuna, suggested that ending AIDS by 2030 will require countries to integrate different programs, especially sexual reproductive health; strengthen health systems and improve access to quality services; and share financial responsibility for national HIV programmes.

Participants produced a set of seven concrete action plans that they will now take back to their countries and use to push the condom agenda forward.

"This meeting was a wake-up call to the importance of condoms as a prevention tool and condom programming as a mode of delivery. We cannot continue to do business as usual - our work needs to translate into gains in reducing HIV infection. We have to put condoms at the center of our goals for 2020 & 2030 and scale up condom programming." - Dr. Pierre Somse, UNAIDS



Output 3.3 Countries have scaled up combination prevention including SRHR/HIV integration, prioritizing people left behind.

Leveraging partnerships and strengthening programming for People Left Behind

Recognizing that high impact HIV prevention interventions need to be delivered in key locations and to priority populations in order to maximize impact, the RST ESA maintains a strong focus on support to improve HIV prevention programming for young women and girls.

All In

UNAIDS maintains a strong focus on preventing HIV among adolescents 10 – 19 in line with the UNAIDS/UNICEF All In initiative aimed at ensuring that adolescents infected and affected by HIV are not left behind. RST ESA with UNICEF and WHO participated in a joint country assessment mission to Swaziland for the All In initiative. This joint mission set the tone for collaborative support to countries in the region, galvanized support for the generation of strategic information to inform programme planning on HIV for adolescents.

As a result of the All In roll-out in Swaziland, government and national partners committed to collecting routine data on adolescents, and reduced the age of consent to 12 years to ensure access to HIV services without parental consent. The RST ESA also peer reviewed strategic reports for All In country assessments from Botswana and Zimbabwe. In Rwanda, preliminary work was initiated with the support of the UNAIDS Country Office.

Determined Resilient Empowered AIDS-free Mentored Safe Women (DREAMS)

RST ESA has also partnered with PEPFAR to protect, and reduce HIV infections among adolescent girls and young women in this region.

During ICASA 2015, UNAIDS (Deputy Executive Director, Programmes and Regional Director ESA) convened a dialogue with PEPFAR (US Ambassador Deborah Bix) involving CSOs, young women and girls from the region to discuss the status of implementation of DREAMS. This session provided insights from young girls and women on the status of implementation of DREAMS at country level and the engagement of young people and CSOs in DREAMS proposal writing.

Dialogue with Sex workers, Men who have sex with men, people who inject drugs and people who inject drugs

Evidence for HIV Prevention in Southern Africa (EHPSA)

EHPSA focuses on research on preventing HIV in adolescents, prisoners and LGBTI through three linked activities related to HIV prevention in these three groups: funding research that fills knowledge gaps; supporting evidence-based policy making and supporting civil society interventions. The RST ESA's Deputy Director convenes and chairs the EHPSA governing board. In 2015 the board under the leadership of the Deputy Director reviewed the suggested tracks of studies and advocated for collaboration between policy makers and researchers to increase uptake of evidence. The RST ESA also provides oversight and technical support for quality assurance.

EHPSA is a partnership between UK aid, the governments of Sweden and Norway and the World Bank.

EHPSA epitomizes the type of innovation required to bridge the evidence gap on people left behind including women and girls.

Output 3.3 Countries have scaled up combination prevention including SRHR/HIV integration, prioritizing people left behind.

Again during ICASA, UNAIDS (Deputy Executive Director Programme and Regional Director ESA) working with the Regional Sex workers Network and the Zimbabwe National Sex Workers Network convened a platform to facilitate dialogue on sex workers. This platform provided another opportunity for UNAIDS to hear the voices of sex workers on the gaps and challenges in the response at country level. Based on this consultation, an executive directive was issued by the EXD to advance work with sex workers in countries.

RST ESA also provided technical and financial support to the Conference on Key Population held in Tanzania. During this meeting UNAIDS and WHO convened a session on fast tracking HIV response among key populations.

Challenges:

- Inadequate prioritization of combination prevention both politically and programmatically at country level, and within the UNAIDS Secretariat;
- Disproportionate resource allocation for HIV combination prevention;
- Weak accountability for the implementation of HIV combination prevention in countries both at sub national and national level;
- Weak implementation and inadequate scale-up of HIV combination prevention programmes coupled with inadequate efforts to review and fine-tune at sub-national levels;
- Structural and cultural factors act as barriers for implementation and up-take of combination prevention services; and
- Inadequate strategic information to inform advocacy and strengthening programme implementation and scale-up (especially for young people, People left behind, condom use, HTC and other sub-targets of HIV prevention)

Way forward:

To revitalize HIV combination prevention:

RST ESA will launch a regional platform for political advocacy on combination prevention at IAC 2016.

Undertake a rapid analysis of the status of HIV combination prevention in 6 to 11 countries and produce a summary report for ESA region to inform IAC Durban 2016 and HLM 2016.

Document promising practices in implementation and innovations of HIV combination prevention from at least four champion countries, and showcase the same IAC 2016 and HLM 2016

Output 3.3 Countries have scaled up combination prevention including SRHR/HIV integration, prioritizing people left behind.

Fast-track responses to HIV among sex workers, people who inject drugs, MSM and transgender people

- Production and dissemination of regional synthesis report on four key populations from 18 countries for advocacy in IAC 2016 and HLM 2016 including a communication package;
- Promising practices demonstrated through south to south learning and/or programme scale up documented at least in three countries for four key populations

SRH-HIV Integration

In 2011, UNFPA initiated the SRH-HIV linkages project for 7 countries in southern Africa. UNAIDS became an active partner in 2014 bringing additional funding from the governments of Sweden and Norway.



Output 3.3 Countries have scaled up combination prevention including SRHR/HIV integration, prioritizing people left behind.

In 2015 and in keeping with its mandate, RST ESA continued to provide technical support in evidence generation and dissemination. Major contribution of the RST ESA to the SRH-HIV linkages project can be summarized as follows:

- Design and application of data tools for monitoring access and uptake of integrated SRH and HIV services.
- Documentation of partnership with CSOs on SRH-HIV integration. The documentation focused on key roles of CSOs (advocacy, capacity building, direct service provision) and opportunities to leverage for the scale-up of SRH-HIV linkages in countries.⁷
- Documentation of clients' satisfaction with integrated SRH-HIV services in Botswana, Namibia and Zimbabwe in 2015. Client satisfaction studies focused on the different models of SRH-HIV integration used by the health facilities and outlines clients' level of satisfaction of these models.⁸
- Design and preparation of cost-efficiency studies in Botswana and Namibia. The findings are expected by June 2016 and will inform scale-up of SRH-HIV integration.
- Preparation for evaluation the SRH-HIV linkages project started in 2015. The final evaluation report will be available by June 2016.
- RST ESA provided technical support to SADC for the development of Minimum Standards for the Integration of Sexual and Reproductive Health and HIV and AIDS. The Minimum Standards was launched at ICASA in 2015.
- Together with UNFPA developed a proposal for a second phase of the project, covering 2016-2019. This proposal was submitted to the EU and the governments of Sweden and Norway in December 2015. The governments of Sweden and Norway have committed approximately USD 4.5 million for 2016 and 2017.

For further information and detailed results, reference [Linking Sexual and Reproductive Health and Rights and HIV in Southern Africa](#) (UNAIDS/UNFPA, 2015) and 2015 Annual Reports for the SRHR-HIV linkages project.

⁷Report will be available at <http://www.integrainitiative.org/projects/srhr-hiv-linkages-project/overview-and-objectives/> and <http://srhhivlinkages.org/srh-hiv-linkages/>

⁸Report will be available at <http://www.integrainitiative.org/projects/srhr-hiv-linkages-project/overview-and-objectives/> and <http://srhhivlinkages.org/srh-hiv-linkages/>

Output 3.3 Countries have scaled up combination prevention including SRHR/HIV integration, prioritizing people left behind.

High-lights of SRH-HIV Linkages at country level

The following achievements are realised through the joint efforts of the Governments, CSOs, UNAIDS and UNFPA.

Botswana: Strengthened policy and systems around SRH-HIV linkages, including commitment to scale up SRH-HIV integration nationwide.

Malawi: The Ministry of Health in Malawi endorsed National SRHR-HIV integration strategy 2015-2020.

Swaziland: The Government of Swaziland committed to scale up the project nationally.

Zambia: The Ministry of Health endorsed National guidelines for SRHR, HIV and GBV services integration

Challenges:

- Policy level – competing interests; changes in leadership and presence of multiple and parallel initiatives
- Systems level - health systems complexities slow down the pace of implementation
- Service delivery level – use of multiple registers at the health facilities which complicate data collection on SRH-HIV integration. Shortages of trained health care workers to effectively collect data.

Way forward:

RST ESA and UNFPA will continue to support the institutionalization and scale up SRH-HIV integration. The following are key priorities for 2016:

- Finalise of the evaluation of the SRH/HIV linkages project;
- Finalise the cost-efficiency studies in Botswana and Namibia
- Mobilize resources to fill the funding gap for the second phase of the SRH-HIV Linkages project;
- Implementation of the second phase of the SRH-HIV Linkages project

2015 RESULTS AT A GLANCE
OUTCOME 3 – Populations Left Behind

Output 3.3 - Countries have scaled up combination prevention (including SRHR/HIV integration), prioritizing people left behind.

UNAIDS RST ESA Working Modalities

<p>(a) Political advocacy and leadership development for investment, political commitment and accountability at country, regional and global levels.</p>	<p>(b) Facilitating coherence, and fostering coordination and partnerships for greater impact amongst national, regional and global stakeholders.</p>	<p>(c) Generating evidence, brokering knowledge and catalyzing innovation to respond to changing contexts and priorities regarding HIV in the region.</p>	<p>(d) Building and leveraging strengths of counterparts in UNAIDS country offices to shape the direction of national responses.</p>
---	--	--	---

(e) **Provision of responsive, high-quality TA** aligned to country needs.

Over 4,000 young people were tested in the Southern Region of Malawi during Protect the Goal launch and promotional events in 2015. Since the launch of Protect the Goal in South Africa, UNAIDS in partnership with GIZ supported the South African Football Development Agency to update a training manual for its national network of coaches who have been trained on Protect the Goal messaging. The coaches, in their work with young people are able to engage with them and empower them with key messages on HIV prevention, HTC and VMMC. Five heads of state have signed the PtG football to reflect endorsement and support of the campaign.

Contributions (c)/(e) – In 2015, RST ESA has provided financial and technical support to countries to roll out the Protect the Goal. UNAIDS has also brokered relationships with country leadership/Ministries of Health to facilitate endorsement of PTG at the highest level.

A dialogue session at ICASA 2015 brought together over 20 sex workers from East, Southern West & Central Africa to lead community discussion with UNAIDS Deputy Executive Director on achieving Fast Track targets.

Contributions (a) – UNAIDS RST ESA coordinated the session with the African Sex Worker Alliance (ASWA) and local affiliate The Centre for Sexual Health and HIV AIDS Research in Zimbabwe.

An expert consultation on HIV combination prevention in 2015, two additional countries (Zimbabwe and Tanzania) have progressed in rolling out this regional agenda by demonstrating combination prevention sites at local level by strengthening implementation and innovation.

Contributions (a)/(b)/(c)/(d)/(e): UNAIDS provided technical support to countries and coordinated a session at ICASA 2015 to mobilize high level support from an additional four governments.

By the end of Phase I (2011-2015) UNAIDS & UNFPA have achieved results in all three areas of the SRHR-HIV linkages project, with plans for Phase II scale-up to proceed from 2016.

Cancelled activity: Conduct a programmatic gap analysis in all fast track countries to identify gaps and bottlenecks in HIV sexual transmission prevention programming. This was cancelled due to duplicative efforts in progress. This is already occurring with the DREAMS initiative.

3.4 Countries have scaled-up treatment to reach the three 90's by 2020.

Building partnerships to fast track treatment and EMTCT

Regional Treatment Forum

Although the WHO is technical lead for HIV and AIDS treatment to meet the Fast Track targets, UNAIDS provides catalytic support in strengthening partnership, leadership and advocacy in support the implementation of the fast track approach through the regional Treatment Forum. Regional Treatment Forum brings together regional and country partners including the UN family, academic institutions, CSOs, RECs and selected Ministries of Health in the ESA region and focuses on:

- Sharing progress towards achievement of the Fast Track treatment targets, identifying challenges and solutions necessary for an accelerated treatment in countries and in the region;
- Sharing of strategic information on new directions for Treatment scale up and reaching consensus on required actions to support countries to accelerate treatment while ensuring high quality services.
- Strengthening Monitoring and Evaluation Systems to assess progress, issues/problems related to the treatment cascade, and impact of the treatment scale-up
- Mobilising regional resources and institutional partnerships;
- Providing coordinated capacity building support to countries and to regional entities (i.e. SADC, EAC and COMESA);

Output 3.4 Countries have scaled-up treatment to reach the three 90's by 2020.

The first ESA meeting of the Regional Treatment Forum was held on 24th March 2015 in Johannesburg, South Africa and was convened by RST ESA in collaboration with WHO-IST/ESA, UNICEF-ESARO. The major outcome of the first ESA treatment forum was the Regional Consultation to fast Track HIV Testing Services as an entry point to achieving the 90-90-90 targets (see box below)

REGIONAL HIGHLIGHT: Regional HIV Testing consultation

The regional consultation brought together 180 participants mostly from the ESA region including of national policy makers (HIV Directors from Ministries of Health - MOH, Programme Directors from National AIDS Commissions - NAC and others), Regional Economic Communities (AU, SADC, EAC and COMESA), academia, researchers, development partners, multilaterals, private sector and programme implementers, civil society including Networks of PLHIV, young people and civil society organisations.

Outcomes from the Regional HIV Testing consultation

- 1) Commitment among the participants through a communique to optimize opportunities to Fast Track HIV testing as a foundation for achieving the 90-90-90 targets
- 2) Adoption of innovative approaches and technologies to fast track HIV testing services, including necessary research, surveillance & M&E.
- 3) Development of country specific roadmaps with key strategies or actions to fast track HIV testing services in the next 12 months.

As a result of the meeting, several countries have shown enthusiasm and interest in HIV self testing. Prior to the forum, knowledge and interest was limited to countries with larger-scale treatment programs and external funding mechanisms for pilot projects (i.e. Botswana, Malawi and South Africa). Self testing was adopted by many countries as one of the key elements in country roadmaps.

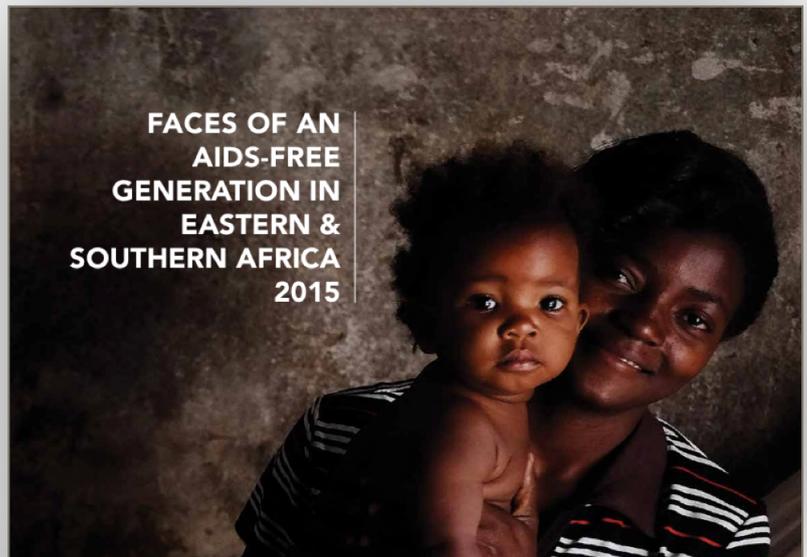
Output 3.4 Countries have scaled-up treatment to reach the three 90's by 2020.

Brokering Partnerships to fast track EMTCT

High level advocacy on eMTCT was conducted by RST ESA Regional and deputy Regional Directors through various platforms, including meetings of the Champions for HIV Free Generation, the Organization of African First ESA Ladies Against HIV/AIDS, the High Level Taskforce on Women, Girls and HIV, AU, SADC, and EAC as well as with government leadership in individual countries.

The RST ESA provided technical support and catalytic funding to selected Global Plan countries (Kenya, Lesotho, Mozambique and Tanzania) in ESA region through community grants for PMTCT scale up including male engagement and retention of mother baby pairs. Technical support was also provided to selected countries in the review of draft national strategic plans, treatment guidelines and global fund concept notes to ensure their alignment with the 2013 WHO treatment guidelines and 90-90-90 targets.

The RST ESA produced a booklet called "Faces of an AIDS Free generation in East and Southern Africa 2015", which presents stories of 12 women living with HIV in six countries on their journey to motherhood. The booklet appeals to families to take up PMTCT and to policy leaders and donors to invest more in eMTCT. The booklet was launched at South Africa national women's day.



Output 3.4 Countries have scaled-up treatment to reach the three 90's by 2020.

Challenges:

Challenges to maintain the gains and to continue to accelerate towards the fast track treatment targets and eMTCT includes:

- Changes in political landscape (change of governments) in some countries may result in loss of momentum and political commitment to fast track treatment and PMTCT
- Sustaining the momentum and resources for treatment and PMTCT especially in light of more urgent national, regional and global crises including migrant/refugee crisis, drought and economic meltdown
- Inadequate funding support for civil society to support community engagement including male engagement to fast track treatment and PMCT
- Weak health and community systems including limited capacity, human resource, supply chain management, funding, leadership & coordination and M&E and data management.
- Retention of mother/baby pairs beyond breast feeding period

Way Forward:

- Follow up on implementation of country specific road maps from Regional Consultation on HTS and coordination and continue to convene the regional treatment forum which will be held virtually.
- Advocate and provide technical support to 2 - 3 ESA countries [Botswana, Rwanda and South Africa] to participate in validation process for pre-elimination of MTCT of HIV.
- Provide technical support to other high burden countries to secure adequate funding through global fund, PEPFAR and other funding sources for HTS and option B+ acceleration
- Advocate and provide technical support and catalytic financial support to 2 high burden countries to conduct bottle neck analysis including revision of national eMTCT plans to accelerate implementation of PMTCT to achieve eMTCT targets.
- Undertake a rapid assessment on children's access to ART and implementation of Option B+ in PMTCT
- Mobilize at least 50 high burden communities in low and medium performing global plan countries for accelerated implementation of PMTCT services with focus on testing and option B+. The booklet "Faces of an AIDS Free generation" will be translated to national local languages to facilitate community dialogues to encourage uptake of PMTCT.
- Strengthen Regional Inter-agency virtual collaboration within the regional team to review eMTCT progress and strengthen acceleration

2015 RESULTS AT A GLANCE
OUTCOME 3 – Populations Left Behind

Output 3.4 – Countries have scaled-up treatment to reach the three 90's by 2020.

UNAIDS RST ESA Working Modalities

<p>(a) Political advocacy and leadership development for investment, political commitment and accountability at country, regional and global levels.</p>	<p>(b) Facilitating coherence, and fostering coordination and partnerships for greater impact amongst national, regional and global stakeholders.</p>	<p>(c) Generating evidence, brokering knowledge and catalyzing innovation to respond to changing contexts and priorities regarding HIV in the region.</p>	<p>(d) Building and leveraging strengths of counterparts in UNAIDS country offices to shape the direction of national responses.</p>
---	--	--	---

(e) **Provision of responsive, high-quality** TA aligned to country needs.

The Regional Treatment Forum for ESA was launched in 2015 as a presence for collective regional and country action to achieve the 90-90-90 targets.

Contributions (a)/(b)/(c) - In the setting up of the Regional Treatment Forum, UNAIDS RST ESA provided leadership and coordinated the development of a Concept Note and Terms of Reference for Regional Treatment Forum with further inputs and final endorsement of the documents by WHO and UNICEF. UNAIDS RST ESA also provided leadership and coordinated the nomination and engagement of regional partners, including development agencies, RECs and CSOs. Currently, the RST ESA serves as the Secretariat and convener of the forum.

Faces of an AIDS-Free Generation was launched in South Africa, on the occasion of Women's Day, 2015. The publication shares several personal stories of HIV women living with regarding their journeys through motherhood. Contributions (a)/(c) – UNAIDS commissioned and authored the publication. The book has been utilised in advocacy activities.

Countries have sustainable resources for the AIDS response

Overview:

The financial resources required to Fast Track the response in this region remain substantive, reinforcing the need for countries to increase domestic funding, and explore alternative sources of funding to sustain the response and impact achieved to date. If countries fail to frontload the investments required to accelerate implementation towards reaching the Fast Track targets, there will be a significant reversal in the gains made to date.

The ESA region remains heavily reliant on international resources to fund the AIDS response. The trend in spending on HIV varies according to a country's income status. Upper Middle Income Countries (UMC) contribute more towards the AIDS response (between 57 – 79 percent) when compared to Middle Income Countries (MICs) and Low Income Countries (LICs) who contribute 21-34 percent and less than 10 percent respectively.

Major financiers such as the Global Fund to Fight against AIDS, Tuberculosis and Malaria (GFATM) and PEPFAR have started emphasizing transitions towards country led-responses with greater contributions from domestic resources. Middle-income countries in particular are now under great pressure to fund their own responses. Some countries are already experiencing funding cuts that compromise the sustainability of key HIV programmes. For instance, between 2011 – 2013 whilst the share of spending on HIV by the South Africa government rose (from 76 percent to 80 percent), the proportion financed by PEPFAR declined (from 22 percent to 17 percent), as a function of the transition of responsibility for PEPFAR-funded programmes from the U.S. government to South Africa⁹ [SA IC, February 2016].

As the global agenda shifts towards the Sustainable Development Goals (SDGs), HIV and AIDS now competes on a wider arena with other health issues. It is no longer perceived as the largest nor urgent issue confronting the globe. There is a more emphasis on the integration of HIV with the broader health and development agenda which will not only have far reaching implications for the financing of the programme, but will dictate the transformation of leadership and governance structures, and service delivery.

Against this background, the RST ESA has prioritized support to ensure countries have sustainable resources for their HIV Response. The work in this outcome area has focused on:

- a. Advancing the investment approach to improve the effectiveness, efficiency and sustainability of responses;
- b. Supporting countries to explore options for increasing investments in HIV to accelerate the pace of the response in the next five years, whilst at the same time guaranteeing sustainability of responses in the longer term; and
- c. Strengthening partnerships with the Global Fund, PEPFAR and other partners.

⁹ South Africa Investment Case, 2016

Output 4.1 Innovative financing mechanisms are identified, pursued and implemented at regional and country levels.

Sustainable Financing:

RST ESA has worked closely with RECs, governments and partners to interrogate the *financial sustainability* of the AIDS response, and has provided guidance and resources for the generation of evidence to elevate financing issues that require the attention of governments and policy makers in the region.

The RST ESA worked with the RECs (EAC and SADC) to develop sustainable financing analysis that covers the entire ESA region. As a result, each country now has information on availability of fiscal space to fund Health and HIV; the extent of the resource gap looking forward to 2020 and 2030; information on innovative options to increase funding for HIV; and the impact of reducing inefficiencies in Health and HIV.

From this work countries are learning:

- a. The importance of prioritizing health as part of a country's development agenda, and that of increasing government allocations to Health and HIV in line with a country's ability to do so;
- b. That the leadership role of Ministries of Finance remains critical to drive the transformation towards the sustainability of responses;
- c. That high and middle income countries can cover their resource gaps by increasing allocations to Health and HIV, and reprioritizing of their budgets;
- d. That lower income countries will continue to rely on external resources to finance health well into the future;
- e. That efficiency will significantly reduce the funding gap in all countries, making this an important strategy for countries in the region to pursue.

As a result of this work, the RST ESA provided technical support to SADC to develop a SADC Sustainable Financing and Analysis and Framework of Action which was endorsed by the 14 SADC Ministers of Health, committing to action to: i) increase government spending on Health/HIV; ii) to pursue efficiency improvements and explore innovative financing and iii) address inefficiencies in Health and HIV.

Using the findings of the SADC Sustainable Financing Analysis and Action Framework, the RST ESA working with the SADC Secretariat, SADC Parliamentary Forum and the Champions for an AIDS Free Generation hosted a dialogue with SADC Parliamentarians and the Champions to explore actions to sustain responses in the region.

Output 4.1 Innovative financing mechanisms are identified, pursued and implemented at regional and country levels.

Further, the EAC Sustainable Financing Analysis which will be used to convene the EAC High Level Dialogue on Sustainable Financing for Ministers of Finance and Revenue Authorities planned for 2016 demonstrates the financial implications of Fast Track for the 5 EAC countries.

It shows that with the requirement to front load investments as part of Fast Track, the funding gaps for HIV in EAC will be very acute between 2016 – 2021, peaking at USD 244 million per annum. However, projections suggest that countries with the exception of Burundi will have adequate resources to cover their HIV needs in the longer term (2025 – 2030).¹⁰

UNAIDS has also provided technical and financial support to Rwanda and Uganda to do similar analysis on sustainable financing. In Rwanda, the Minister of Health provided input and oversight to the entire process of developing the Sustainable Financing Analysis. In addition to the analysis, a policy brief summarizing key financing messages was prepared for the Minister and used to inform a high level dialogue with the Ministry of Finance and Economic Planning and Parliamentarians. This analysis also informed the preparation of COP2015 and in part the financing decisions of PEPFAR.

Main findings also show that:

- a. The investments of the Government of Rwanda and the Social Health Insurance are the most sustainable domestic financing options that can provide substantial financing for health and HIV. However, the success of these funding streams will be determined by the strong growth prospects predicted for Rwanda which will widen the tax base, enabling the country to cover half of its Health and HIV needs by 2029/30
- b. Whilst Rwanda's development agenda has a strong focus on Private Health Insurance, and Public-Private-Partnerships (PPP) to fund investment projects for health. This analysis estimated that this strategy would only mobilize USD 260 million a year (approximately 5 percent of Total Health Expenditure). While this is an important contribution, it will play a marginal role in assisting the country to achieve its health goals¹¹; and
- c) Sustained external donor support will be essential for the continuation of health service delivery before the country can transition to a self-sustaining country.

¹⁰ Sustainable Financing Analysis of Universal HIV and Health Coverage for the East Africa Community, 2015.

¹¹ Sustainability of Rwanda Health Services, 2015

Output 4.1 Innovative financing mechanisms are identified, pursued and implemented at regional and country levels.

In Uganda the analysis demonstrated that the Ugandan government could still increase its funding to Health and HIV further; and that efficiency gains would have a significant impact on HIV financing.

Planning for Donor Transitions: The Sustainable financing work has reinforced the need for countries to bridge the gap between long term efforts to improve financial sustainability that countries have explored to date, recent donor transitions arising from funding cuts and shifts of resources within HIV programme at country level. While the impact of the donor cuts varies from country to country, there is a clear expectation from external partners for governments to absorb the arising gaps.

In 2015 RST ESA initiated dialogue with Uganda, Rwanda and Kenya to ensure proper planning for donor transitions. The dialogue has focused on ensuring that changes in financing decisions are negotiated with governments, and are informed by country realities. Kenya is in the process of undertaking a county programme gap analysis which involves understanding the needs of each of the 48 counties in order to inform the development of a Programme Sustainability Plan.

Strengthening Partnerships

Leveraging partnerships towards securing an effective and sustainable AIDS response is central the work of the RST ESA. Through RST ESA support to country work, the RST ESA analyses country AIDS response financing status and needs, the political opportunities and challenges, identifies the regional financing trends and gaps, and determines the follow up actions that will require political and financial decision making to orient domestic and international investments.

PEPFAR:

The U.S. provides almost two-thirds of all HIV and AIDS international assistance. The next largest donor, the Global Fund, provides one fifth of all assistance. Together they account for an average of 80 percent global HIV and AIDS assistance¹². The RST ESA leveraged the partnerships with UGG and Global Fund through advocacy and brining partners around the table towards common objectives for achieving an optimal and sustainable response. Results achieved include:

¹² International HIV Assistance from Donor Governments: Disbursements, 2002-2014 to Low-Middle Income Countries [Source: UNAIDS and Kaiser, June 2015]

Output 4.1 Innovative financing mechanisms are identified, pursued and implemented at regional and country levels.

In COP 2015, PEPFAR changed the prioritization approach to focus PEPFAR resources on high-transmission and low absorption areas. In the past, Country Operational Plan (COP) preparation did not involve consultations with Government, partners and Civil Society. As result of UNAIDS advocacy, for the first ESA time PEPFAR invited UNAIDS to the USG Regional reviews of ESA COPs. Inputs were made to 15 ESA Strategic Development Summaries partially influenced the prioritization of PEPFAR programs.

As result of this interaction, it was agreed that in 2016 UNAIDS and PEPFAR shall work in close collaboration in the COP 2015 implementation and in particular in the Sustainable Development Index, led by PEPFAR. The new PEPFAR prioritization approach created unexpected funding gaps in countries, which led to government partners to request UNAIDS RST ESA support to review the funding needs and potential sustainability options.

Global Fund to Fight against AIDS, Tuberculosis and Malaria (GFATM)

In 2015 only, the Global Fund approved USD 1.9 billion to be spent on HIV and TB programs by the end of 2017. The RST ESA has leveraged these resources to provide technical support to countries through the UNAIDS Technical Facility in Eastern and Southern Africa [TSF ESA] to develop the investment cases, epidemiological analysis to inform the CNs submitted and grant implementation support (depicted in Table 1 below)

RST ESA in partnership with HEARD, TSF ESA and WHO established a Regional Peer review mechanism to provide feedback to draft CNs, and was used to review the CNs Kenya, Lesotho, and Botswana in 2015.

The RST ESA and TSF spent USD 725 000 (not accounting for staff time) for technical support for building blocks (investment cases, NSPs HIV prevention strategies, sustainable financing analysis etc.) CN development and the grant negotiations, which led to mobilizing from the GF USD 1.9 billion in the ESA countries that applied in 2015.

Output 4.1 Innovative financing mechanisms are identified, pursued and implemented at regional and country levels.

Table 1: Countries/regional organizations that received technical support from the RST ESA and TSF ESA for Global Fund processes in 2015

Technical Support for Building Blocks: for Situational Analysis, Investment Cases and Strategy Updates to inform concept note development	Technical support for Global Fund Concept Note Development	Type of Concept Note : HIV or HIV and TB	USD
Botswana	Angola	HIV and TB	32,065,005
Kenya	Lesotho	HIV and TB	93,233,403
Ethiopia	Kenya	HIV and TB	382,290,547
Namibia	Zanzibar	HIV	10,400,165
South Africa	Comoros	HIV	3,347,444
South Sudan	South Africa	HIV and TB	464,819,551
Tanzania	Zimbabwe	HIV and TB	398,877,718
Madagascar	Botswana	HIV and TB	23,589,164
	South Sudan	HIV and TB	62,628,771
	Malawi	HIV and TB	487,585,068
	<i>Total</i>		<i>1,958,836,836</i>

RST ESA and TSF give technical support to global fund governance and programme implementation support to Angola, Lesotho, Malawi, Zanzibar and Zambia including two regional concept notes on key populations in East Africa (Kanko) and for Southern Africa (HIVOS).

The main findings of the Regional Peer Review and GF CN analysis demonstrated that CNs in the region had allocated 60-80 percent of the resources to treatment and commodities leaving insufficient resources for HIV prevention for women and girls, key populations and critical enablers.

All donors, including the two major funders – PEPFAR and GF have an increased demand for government counterpart financing to secure sustainability and return of investments.

Output 4.1 Innovative financing mechanisms are identified, pursued and implemented at regional and country levels.

BOTSWANA: “The investment case is realistic in its outlook, highlighting specific programmatic choices that will make a substantial impact on new infections—including raising CD4 eligibility to 500, providing family planning services and contraception, and maximising prevention with an emphasis on youth—paying similar returns with less investment compared to more broadly targeted efforts.” [TRP Feedback to the Botswana HIV and TB Concept Note, March 2015.]

SADC Health Trust

The implementation of the investment approach and the SADC Framework for Action on Sustainable Financing has demonstrated that securing sustaining funding of the AIDS response will require a combination of efforts. The balance and contribution to resource needs will depend on the level of income, however, the RST ESA is working at regional and country level to ensure that Resource needs and investment cases take into account a combination of a) optimizing efficiencies of allocation and implementation; b) identify innovative financing mechanisms; c) increase international and domestic contribution; and d) secure and maintain political commitment, including of the Ministers of Finance, to the sustainability of the AIDS Response.

The SADC Health Trust is a high-level taskforce established to deliberate and propose innovative solutions and recommendations on innovative financing for health challenges. In January 2015, at a meeting of SADC Ministers of Health, private sector and UN partners, the Ministers established the SADC High Level Multi-Sectoral Task Force on Innovative Financing for Health and appointed RST ESA Director, Prof. Sheila Tlou, as Special envoy to convene and provide oversight to the group.

In 2015, the SADC Health Trust took responsibility for the following deliverables:

1. Establishing a SADC Health Trust Fund before the World Health Assembly in May 2015.
2. Creating a Public–Private working group to meet twice a year on the sidelines of the SADC Ministers of Health meetings to review and strengthen joint initiatives.
3. Developing an Information Exchange Portal to improve knowledge and experience-sharing between the public and private sector.
4. Strengthen employee health programmes in the private sector and introduce health reporting—known as the Fourth Bottom Line Strategy—in annual corporate financial reporting

Output 4.2 Countries implement the Investment Approach (IA) to fast track their HIV

Investment Approach and Investments Cases:

Since 2013, UNAIDS has supported countries to apply the Investment Approach [IA] to inform policy-decision to promote effective, efficient and sustainable AIDS investments. In addition to the immediate utilization of the investment cases to inform the Global Fund Concept Notes in Botswana, Kenya, Malawi, South Africa and Zimbabwe, in 2015, investment approach application focused on investigating investment scenarios to reach the Fast Track in the ESA region.

To inform the development of the investment cases, and improve the quality of the investment approach application at country level, the RST ESA convened two regional meetings:

a. Regional Stock Taking on the Investment Approach and Investment Cases:

This meeting brought together over 80 participants representing the following government - Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mauritius, Namibia, Rwanda, South Africa, Swaziland Tanzania and Uganda, Zambia and Zimbabwe; academic experts, CSOs and development partners to share experiences, lessons and to identify actions to strengthen investment approach application at country level.

During this meeting countries highlighted a number of important lessons from months of working on the Investment Approach. Many of which underscored the value of UNAIDS contributions to the process, including facilitating country level ownership and buy in from all stakeholders:

- The importance of having an inclusive approach at the onset to the development of ICs that involves critical stakeholders
- The central role Ministries of Finance in the investment dialogue and the importance of anchoring the Investment Approach Application in a process that is nationally owned, led and consultative;
- That the investment dialogue has significantly positioned prioritization, efficiency and sustainability as a priority issues to be addressed by countries.

Output 4.2 Countries implement the Investment Approach (IA) to fast track their HIV

b). Expert Meeting on “Investing to Sustain Impact and Fast Track the AIDS Response in the ESA Region”

Building on the lessons and challenges identified by country partners in the Regional Stock Taking Meeting, the RST ESA in partnership with HEARD and the World Bank convened a regional consultation on “Investing to Sustain Impact and Fast Track the AIDS Response in the ESA Region” in March 2015. The consultation brought together around 30 experts and representatives of institutions that support ESA country responses [Harvard School of Public Health, GF, PEPFAR, Avenir Health, SACEMA, Wits University, CAPRISA, independent experts, UNAIDS ESA, WCA, LAC, HEARD, civil society, SADC, and the World Bank]. The experts reviewed lessons learned and challenges from the UNAIDS RST ESA Review of 2014 Investment Cases and the GF CNs and agreed on the:

- Establishment of an ESA Advisory Committee on Investment, Efficiency and Sustainability to guide Optimization and Economic Analysis of HIV responses in the RST ESA region and ensure that sustainable finance work done is translated into policy decisions. RST ESA, The World Bank, Harvard University and HEARD are the Secretariat for this Committee;
- Need to update the investment approach by developing regionally adapted guidance on HIV Investments Optimization in order to address the inability of current models to generate optimal investments for fixed budgetary envelope and better utilization of economic intelligence to inform resource allocation decisions. The RST ESA in collaboration with the World Bank and HEARD contracted the Harvard T. Chan School of Public Health to develop the Regional “HIV Investments Optimization Guidance”. The World Bank contributed USD 80 000 toward method development.

RST ESA and TSF ESA have utilized the findings of the two regional consultations to adapt Investment Approach methodology, and to support countries to implement it in the ESA region with particular emphasis on addressing inefficiencies in the AIDS response.

By December 2015, Botswana, South Africa, Swaziland, and Zimbabwe had produced investment cases to inform investment decisions. Tanzania, Namibia, Mozambique, and Madagascar continue to work on the finalization of their investment case.

Output 4.2 Countries implement the Investment Approach (IA) to fast track their HIV

The Investment Cases developed in 2015 demonstrate that:

- It is possible to optimize investments, and demonstrate value for money by targeting investments to specific populations and location. Further, that effective and efficient utilization of available resources is achieved when programs are informed by local evidence, and that maximum impact is realized when interventions target specific geographic areas and populations.
- Optimizing the HIV response should therefore include better geographic focus, and prioritization of high impact programmes

Increasing investment by 30 percent over the next decade—could put Zimbabwe on track to avert 560 000 new infections and 291 000 AIDS-related deaths by 2030. Mozambique has aligned its HIV testing programme to local population sizes and HIV prevalence, identifying 27 percent more people living with HIV while decreasing testing volume by 6 percent. Increasing efficient utilization of existing resources by reducing cost. The IC Zimbabwe estimates efficiencies in ART and lab costs (second line drugs and lab: Potential modest efficiencies in ART costs: assumed a 10 percent decrease in the cost of first ESA line drugs --- 8 percent decrease in cost, saving about USD 125 million over 10 years. If second line drugs reduce 30 percent in cost and the migration of ART patients from first ESA to second line declines by 2 percent over the period – savings of USD 260 million over 10 years. Laboratory costs decline by 31 percent over the period, from just over USD 2 billion in 2015 to a little more than USD 1.5 billion in 2025 with greater rationalization of diagnostics, and decreases in reagent and other lab costs (a decrease of about USD 480 million).

Output 4.2 Countries implement the Investment Approach (IA) to fast track their HIV

- *The ICs demonstrate that investing on HIV is an worthy investment, demonstrate the added-value of frontloading to achieve Fast Track and served to increase resource allocation to the AIDS response:*



The South African Investment Case demonstrates that front-loading resources will not be immediately cost-savings as the number of people on treatment increases, but after 2030, the projected resource needs were less than the current budget allocations. These and other scenarios provide the evidence that increases in the AIDS response is an effective investment. “As a result of the Investment Case, the South Africa Treasury increased its allocation to the AIDS budget despite living in an era of austerity in South Africa”, Dr. Yogan Pillay, April 2016 [UNAIDS Regional Mtg, Johannesburg, 2016]

The Botswana IC served to inform the dialogue with the Ministry of Finance as well as to obtain governments’ agreement to initiate test and treat in the country.

Countries have sustainable resources for the AIDS response

Challenges:

- Limited engagement of Ministries of Finance and Parliaments on the concerns on HIV financing, has undermined the implementation of actions to address the sustainability of responses;
- There is a need to support countries in ESA to address allocative and technical efficiency of investments decisions and implementation, where approaches and experiences are limited.
- Introduction of PORTIA, the new resource tracking tool has slowed down resource tracking.

Way forward:

- Funding remains an important catalyst for countries to accelerate the pace of the response towards ending AIDs as a public health threat. Supporting countries to implement the political commitments in the ICs, to increase domestic funding and realize efficiency gains will be a priority for the RST ESA in 2016.
- Engagement with Ministries of Finance to secure their buy-in and leadership on financing issues. In 2016, The RST ESA will support SADC and EAC to convene High Level dialogues with Ministries of Finance and Revenue Authorities to explore actions to address the sustainability of responses.

2015 RESULTS AT A GLANCE
OUTCOME 4 – Sustainable Resources

UNAIDS RST ESA Working Modalities

<p>(a) Political advocacy and leadership development for investment, political commitment and accountability at country, regional and global levels.</p>	<p>(b) Generating evidence, brokering knowledge and catalyzing innovation to respond to changing contexts and priorities regarding HIV in the region.</p>	<p>(c) Building and leveraging strengths of counterparts in UNAIDS country offices to shape the direction of national responses.</p>	<p>(d) Building and leveraging strengths of counterparts in UNAIDS country offices to shape the direction of national responses.</p>
---	--	---	---

(e) **Provision of responsive, high-quality TA** aligned to country needs.

The RST ESA's support of Global Fund and PEPFAR CoP/planning activities facilitated the availability of more than USD 1.9 for the region to implement HIV and TB programmes for the next three years
 Contributions (c)/(e) - UNAIDS mobilized technical support for the development Global Fund concept notes, ensuing that support was coordinated and available in a timely manner. One level of technical assistance ensured that countries had all building blocks in place for the GF concept note (e.g. ICs, revised NSPs). Secondary support was provided to facilitate review and technical discussion by technical experts prior to submission.

RST ESA played guided the development of the SADC Sustainable Financing Analysis and Action Framework and similar work in EAC. By the end of 2015: i) SADC Ministers of Health had endorsed both the SADC Sustainable Financing Analysis and Action Framework and committed to its implementation ii) EAC Secretariat had developed a Sustainable Financing Analysis that was validated by experts drawn from the EAC Partner States iii) Rwanda and Uganda had sustainable financing Analysis that informed resource allocation decisions and plans to address donor transition in the case of Rwanda.

(a)/(b)/(c) – RST ESA's guided the development of the SADC Sustainable Financing Analysis and Action Framework, reviewed and facilitated technical inputs to the draft documents. The RST ESA lobbied with EAC to undertake similar work, and participated in technical working groups to advance the development of draft sustainable financing documents. RST ESA undertook country missions to Rwanda and Uganda to advocate for the importance of the analysis and to inform the scope of the analysis.

Leveraging the strengths of the RECs, the RST ESA has shaped the dialogue on sustainable financing across the ESA region and will continue to use this platform to engage with Ministries of Finance, Revenue Authorities and Parliaments to ensure the adoption and implementation of actions to promote the sustainability of response in the region.

The ESA Advisory Committee on Investment, Efficiency and Sustainability was also established in 2015 to harmonize efforts in the are, generate policy guidance and support translate it into country actions.It is coordinated by RST ESA, HEARD, and the World Bank.

Development of “regionally adapted “Optimization Method to Prioritize HIV investment”, which take into account population and geographical targeting and implementation efficiencies.

Investment Approach & Investment Cases

a. Contributions (a)/(b)/(c)/(e): (1) Regional Stock-Taking Meeting on the Investment Approach and Investment Cases 2) Expert Meeting a.rack the AIDS Response 3) 4 Investment Cases completed and 4 on-going ICs Implementation brokered technical assistance for IA/IC and sustainable financing analyses, (3) Dissemination of results and best practices through RST ESA sessions on IA & IC at ICASA 2015.

Annexure A: 2015 Outputs Achievements Matrix

Ref.	OUTCOME	Ref.	Output STATUS (2015)	Ref.	Workplan Activities STATUS (2015)	Achievements 2015	RST working modalities		
1	HIV is maintained on the political, development and health agendas and key global, regional and national HIV commitments are implemented.	1.1	Countries integrate and prioritise HIV in national development planning frameworks or sectoral plans for fast-tracking HIV response by 2020 and ending AIDS by 2030. ACHIEVED	1.1.1	Develop and roll-out Implementation roadmaps of Big Cities Commitment in at least 10 big cities. Partially achieved - roadmaps developed for 8 cities	The RST has provided technical support to cities including Dar Es Salaam (Tanzania); Lusaka (Zambia); Durban, Johannesburg and Pretoria (South Africa), Nairobi (Kenya); Maputo and Matola (Mozambique) to compile city profiles and to develop 18 months implementation plans to achieve 90-90-90 target, to reduce new HIV infections and to reach the zero discrimination targets at city level. These 8 cities in the region have developed roadmaps in 2015. Additional cities such as Gaborone (Botswana); Windhoek (Namibia); ; Blantyre and Lilongwe (Malawi) are in the process of developing city implementation plans. A city template was developed, tested and disseminated to countries through the UCOs. As a result, countries are now collecting strategic information on the HIV epidemic and response in cities based on this template. City profiles are available for at least 6 cities: Pretoria, Johannesburg, Durban, Nairobi, Dar Es Salaam and Lusaka. REF OUTPUT 3 NARRATIVE	B,D,E		
				1.1.2	Develop and roll-out roadmaps for fast-tracking the response in fast-track countries with focus on adolescents, young women, MSM, IDUs, migrants. Achieved	Five regional products and country matrix are available Countries and regional partners have adopted the fast track approach. - Regional consultations on UNAIDS strategy and fast country report country dialogues. - Support to the RECs for development and finalization of the integrated HIV/SRH TB malaria strategic plans for 2015 -2021 ongoing; - RST collaborated closely with AU Liaison office for the continental position on ending AIDS by 2030 - EAC supported to finalize strategic plan and future planned review/align with SDGs, with support from RST; The High Level Task Force for Women, Girls, Gender Equality and HIV (Initial agreement to convene HIV Partnership for fast tracking HIV response post 2015 through RECS (EAC and SADC). Discussion on realigning the partnership to new development agenda and positioning of HIV in the health agenda ongoing. EAC partnership scheduled second week sept , SADC Nov. a full partnership planned for side-lines of ICASA 2015 RECs) endorsed 2015 Plan of Action In 2016, more work required in terms of determining the operational aspects of fast track.	A,B,D		
				1.1.3	Organizing coaching for UCOs in fast-track countries for improved performance, leadership, partnership, and innovative strategic thinking. Partially achieved - in progress and driven by demand/progress of countries	x1 UCO TC with DRC; including country visit by DRD and RD In 2016, more work required in terms of determining the operational aspects of fast track.	D		
		1.2	Regional Economic Commissions consistently advocate for the implementation of regional and global HIV commitments at regional and country levels. PARTIALLY ACHIEVED in progress	1.2.1	Leverage international conferences and global meetings (Tunisia 2015, Durban AIDS 2016, UNGA etc) to advocate for implementation of global commitments. Achieved	RST actively involved in support and shaping (ICASA 2013; ICASA 2015 and committee planning for Durban 2016) - Ending AIDS langage included in the post 2015 goals. - Sessions leverage high level political actors & put populations left behind at the forefront SADC Sponsored CSW60 HIV Resolution: Draft Resolution includes important commitments, agreed by the SADC: End AIDS and Fast Track; Sexual and Reproductive Health and Rights; Comprehensive sexuality Education and Access to youth friendly SRH services; A focus on the specific vulnerabilities of young women and girls; PEP, Prep, eMTCT, combination prevention, populations of humanitarian concern etc	A		
						1.2.2	Strengthen strategic regional partnership to end AIDS by 2030: a) Map key partners for RST ESA Partially Achieved b) Convene a regional partnership forum on ending AIDS by 2030 ; Achieved c) leverage new opportunities e.g. BRICs etc. Partially achieved	ESA Commitment on comprehensive sexuality education is adopted by 20 out of 21 countries. Implementation is in progress. - Joint work plans developed and country visits to be planned Joint 2015 RATESA work-plan developed, with draft 2016 - 2021 strategy finalized. Implementation is on-going and supported by relevant RST RPAs contributing to activities and TWGs according to the DOL . - RATESA input into the UBRAF 2016 -2021 for ESA region finalized and included - Streaming relationships with key tangible time bound results based partnership agreements (DFID, WITS RHI, HEARD, Stellenbosch, Harvard, private sector) - Partnerships with academic institutions for strategic work formalized and concrete priorities endorsed - Partnership with the private sector strengthened partnership facilitated by the Regional Director - Establishment of SADC health trust fund endorsed and implementation and operational issues being discussed, with recommendations aligning to the latest global UNAIDS strategy. - Mapping of key regional stakeholders and their level of engagement in the HIV post 2015 near finalization	B
				1.2.3	Organize region wide mass media awareness raising campaign with UN officials including leveraging high level visits (EXD, RD other UN officials). Partially Achieved	RST ESA deprioritised the mass media campaign and focussed its efforts on social media via the Right Access Campaign; High level visits by the EXD was completed; Champions and Young people's dialogues organised in Botswana and Tanzania	A		
				1.2.4	Develop and roll-out a regional advocacy strategy. In progress	In progress - Advocacy Strategy to fast track HIV response to end AIDS by 2030 developed to be finalised early September – the draft takes into account the regional consultation and the UNAIDS new strategy.	A		
				1.3	Civil society is mobilized to monitor progress and to strengthen accountability for implementation of HIV commitments at regional and country levels.	1.3.1	Convene regional and country level social and political dialogues for ending AIDS by 2030, including updating the UNAIDS strategy 2016-2021. Not achieved	In progress - started with the regional consultation in March for the new UNAIDS strategy- modalities to be defined	B
						1.3.2	Revitalize effective accountability and monitoring platforms for CSOs at regional level and in 5 countries. Achieved	ACT 2015 national alliances established in 4 countries in ESA region and capacitated to undertake national advocacy in the post 2015 agenda. Resources mobilised and training and capacity building resources developed for youth led accountability to ensure implementation of the SDGs, and other national, regional and global commitments. Training of trainers done in December 2015 on accountability and implementation and national trainings to be undertaken in 2016 Revitalisation of the AfriYAN network (umbrella network of youth networks in ESA region) and establishment of a governance structure to ensure a coordinated youth movement in the region YPLHIV supported to hold the Y+ summit at the sidelines of ICASA	A,B
						1.3.3	Conduct a regional strategic dialogue between CSOs and development partners on sustainable financing, fast-track initiative and community engagement. Achieved	CSO in 5 countries mobilized to engage in the development of GF concept notes and PEPFAR COP 2015 Call to action by religious leaders in support of the fast track agenda PAPWC strengthened as an advocacy platform for engagement on HIV on the continent in the post 2015 era Strategic Plan. PAPWC contributions to the AU position paper on SDGs Peer review of concepts notes to GF by regional CSOs. Strengthened country submissions to GF on community mobilization, human rights and gender Coordinated ESA CSO input to the UNAIDS global strategy	B

Annexure A: 2015 Outputs Achievements Matrix

Ref.	OUTCOME	Ref.	Output STATUS (2015)	Ref.	Workplan Activities STATUS (2015)	Achievements 2015	RST working modalities
2	Countries' planning, programming and decision making is based on high quality strategic information.	2.1	Countries are generating high quality strategic information. ACHIEVED	2.1.1	KYE and MOT studies completed /initiated in countries Achieved	KYE and MOT studies completed /initiated in countries. Angola, Namibia (Windhoek), Ethiopia (Gambella), Malawi, Mauritius, Seychelles & Tanzania - yet to commence in Zambia, Mozambique and South Sudan)	C,D
				2.1.2	Update estimates on the HIV epidemic in countries and the region. Achieved	Conducted two regional estimation training workshops (Southern Africa; East and West Africa including sub-regional & provincial level & all countries produced HIV estimation files & updated estimates for 2012 All countries submitted data for GARPR indicators and finalized reporting process for GARPR	C
				2.1.3	Produce reports/presentations on trends in the HIV epidemic in ESA and progress towards meeting MDGs and HLM targets. Achieved/Ongoing	Ongoing.	A,C
				2.1.4	Conduct sub-national estimation training in 4-6 selected countries. Achieved	Sub-national estimation training held in 4 countries: Zambia, Uganda and Kenya, Ethiopia	C
		2.2	Countries utilize high quality strategic information for policy and programmatic decision-making. PARTIALLY ACHIEVED	2.2.1	Set-up a regional and country level Situation Room on the HIV response to collect real-time data. Partially Achieved	Establishment of a regional situation Room in progress; launch of the first country situation room in Kenya in September 2015	C
				2.2.2	Facilitate a Regional Strategic Information Reference Group (SIRG) meeting to discuss regional SI and M&E Priorities including the development of a regional research agenda. (Follow-up on key recommendations from the Regional SIRG in addition to support National SITWG processes in at least 3 priority countries).	TOR under development draft available. Delayed due to change in staffing	B,C
				2.2.3	Facilitate comprehensive reviews of the HIV epidemic and response in ESA countries. Achieved	All countries completed national consultations and submitted HLM Target – MTR reports; UNAIDS published in the Global Plan Progress report in June 2013 covering 14 ESA of the 21 Global Plan countries UNAIDS engaged in designing specific plans to prevent HIV among young people in Kenya, Namibia & Uganda Coordinated session on prevention of sexual transmission during the RMM - Developed regional compact for HIV prevention Led and coordinated RATESA and completed in-depth programmatic gap/bottleneck analyses –for both prevention and treatment – in Swaziland & Lesotho NSP prevention review completed in 2 countries; inputs shared with countries (HPWG and RSTESA) Technical support for the development of the BCC strategy – Mauritius (South – South Platform) AIDS & Behavior supplement (February 2015) disseminates regional data on key populations	C

Annexure A: 2015 Outputs Achievements Matrix

Ref.	OUTCOME	Ref.	Output STATUS (2015)	Ref.	Workplan Activities STATUS (2015)	Achievements 2015	RST working modalities		
3	People who are left behind, (focussing on adolescents and young people, women, girls, sex workers, men who have sex with men, people who inject drugs, migrants) have equitable access to comprehensive HIV services (prevention, treatment and care).	3.1	Countries adopt a human-rights-based, gender-sensitive public health approach to ensure equitable access to services and full inclusion of PLHIV & people left behind in national HIV responses. PARTIALLY ACHIEVED/ WORK IN PROGRESS	3.1.1	Rollout of new social media and communications platforms (Champions and young people) with focus on anti-discrimination, adolescents and young women. PARTIALLY ACHIEVED 1 platform for youth	UNAIDS RST ESA conceptualized and launched the 'Right Access' movement, reaching over 745,000 young people with anti-stigma & discrimination messaging. No results achieved with Champions in 2015 - ref Output 1 Narrative and Challenges for more information.	A,C		
				3.1.2	Develop national-level rapid assessments in 11 countries in ESA for the integration of a rights-based, public health approach for key populations. ACHIEVED	Completed. In early 2015, UNAIDS RST ESA developed and shared a comprehensive rapid analysis of current and emerging regional trends and issues on HIV, human rights and social justice. <i>Report released, providing initial evidence base for convening the Think Tank and priority-setting platform</i>	C		
				3.1.3	Train national platforms on HIV and social justice, using existing mechanisms where possible, to steer and guide legislative reform, with a focus on fast-track countries. NOT ACHIEVED	Cancelled. However, technical support was given to Tanzania and Uganda to strengthen platforms for dialogue on human rights and social justice.	A,C		
				3.1.4	Support the work of the Regional Think-Tank on HIV, Health and Social Justice. PARTIALLY ACHIEVED/ ONGOING	Think Tank on HIV, Health and Social Justice was successfully launched in 2015. Results are pending.	A,B,C		
				3.1.5	Facilitate the evaluation of the Agenda for accelerated country action on Women, Girls, Gender equality and HIV ACHIEVED	REF OUTPUT 2 NARRATIVE Regional analysis of the gender assessments and tool identified best practices, challenges and lessons learned from administering the tool, to inform approaches and interventions to fast track HIV, SRH and GBV to inform CSW60 2016 HIV Resolution, HLM and feed into SGD Goal 17 and to inform next generation tool HIV/TB gender assessment tool, programming and resource mobilization (Report Available) Report available End review done March – June 2015.	C,E		
				3.1.6	Support 14-16 countries to undertake gender-sensitive analysis of HIV data in order to facilitate refocusing of country priorities in advocacy and programming, and to improve data quality and reporting on gender equality in the context of HIV. PARTIALLY ACHIEVED, 11 countries	REF OUTPUT 2 NARRATIVE Evidence on Gender inequality and barriers on HIV services available to inform national policy changes and community-based programming. 11 Countries by (Botswana, Malawi, Zimbabwe, South Africa, South Sudan, Eritrea, Rwanda, Zambia, Tanzania, Mozambique and Uganda) carried out gender assessments of the AIDS response using the UNAIDS Gender Assessment Tool developed in 2012. (Reports available) A strategy on Men Engagement in the AIDS response was drafted and discussed at the ICASA 2015 where 600 participants attended.	C,E		
				3.2	Communities, including those in big cities, are meaningfully engaged in the planning, implementation and monitoring of services at community level to fast track the AIDS response. PARTIALLY ACHIEVED with modified outputs	3.2.1	Mobilise 50 communities in 8 low and medium performing high burden countries to fast track EMTCT. PARTIALLY ACHIEVED Modified outputs	Project launched in partnership with SAFAIDS UNAIDS facilitates Big Cities endorsement and commitments for ESA - not limited to EMTCT.	D
						3.2.2	Hold community dialogues in at least 100 high burden communities to address structural barriers to HIV services. NOT ACHIEVED. Modified outputs	• Project launched in partnership with SAFAIDS. • Mapping of community oriented service delivery models completed and submitted to the Government of Malawi with recommendations for linking community delivery models to health systems • Community mobilization approach being piloted in Seke District of Zimbabwe • Implementing CATCH project in Botswana	D
						3.2.3	Collect and publish evidence around the community response through a regular newsletter and social media. NOT ACHIEVED	Postponed	C
						3.2.4	Develop a community response framework. NOT ACHIEVED	Postponed	B
		3.3	Countries have scaled-up combination prevention (including SRHR/HIV integration), prioritizing people left behind. PARTIALLY ACHIEVED/ WORK IN PROGRESS	3.3.1	Develop and roll out a curriculum and programming for the Protect the Goal campaign that emphasizes VMMC, condoms, and testing, as anchors within broader health messages for young men and women. ACHIEVED	The Protect the Goal campaign has been launched in the region in 5 countries with 5 of the Heads of State from these countries signing a commitment for the campaign. The campaign has generated high level political commitment for revitalising prevention among young people. In 2015, Malawi has seen the majority of progress and impact,	B,E		
				3.3.2	Conduct a programmatic gap analysis in all fast track countries to identify gaps and bottlenecks in HIV sexual transmission prevention programming. Modified Output	Cancelled due to duplicative efforts in progress. This is already occurring with the DREAMS initiative.	B,C		
				3.3.3	Support south-to-south learning and capacity-building activities on programme design and implementation to improve access to services for 4 populations left behind. IN PROGRESS	Ongoing work on south to south learning programme includes coordinated discussions with 2 regional sex worker coalitions (ICASA 2015), WorldBank, USAID, Linkages, UNFPA and UNDP. Concept note developed, with activities planned for 2016	C		
				3.3.4	Convene a Regional Think Tank on HIV Prevention (sexual transmission) to re-craft and agree on practical guidelines and priorities for HIV prevention in the context of HIV treatment and support countries for prioritizing the HIV prevention response to achieve HIV prevention targets for 2020. ACHIEVED, 2014	In 2014, RST ESA conceived and coordinated the first regional expert consultation on HIV combination prevention (named as regional think tank meeting) under the leadership of regional Directors of UNAIDS RST and UNFPA and in close consultation with the World Bank in 2015. A follow-up with selected counties organized and three/four countries agreed to be the champion countries to roll out the regional agenda on reinvigorating HIV prevention by demonstrating combination prevention sites at local level by strengthening implementation and innovation. A leadership session is planned in ICASA and this platform will be used to obtain more buy-in from more national Governments and implementing partners on the regional agenda on re-invigorating/ revitalizing HIV prevention.	B,C		
				3.3.5	Convene a meeting of regional stakeholders to obtain consensus on the prioritised practical guidelines on HIV prevention in the context of HIV treatment for the region. ACHIEVED, ICASA 2015	Jointly with UNFPA regional office and UNAIDS Geneva, coordinating the preparations for the regional condom push meeting to be held in Namibia as part of reinvigorating condom programming in the ESA region. Analytical paper on HIV combination Prevention for the ESA region was developed in 2015. It is undergoing peer review by regional expert group members and will be finalized and disseminated in 2016. This is done jointly with the World Bank, UNFPA and other regional partners in the regional expert group.	C,E		
				3.3.6	Conduct an assessment of civil society involvement in SRH/HIV linkages in order to identify building blocks for community involvement and ownership during the scale-up of SRH/HIV linkages at country level. PARTIALLY ACHIEVED	Ongoing. Reports is being finalised.	C		
				3.3.7	Provide technical support to conduct the final evaluation of the SRH/HIV linkages project IN PROGRESS	The evaluation could not be completed by December 2015 due to delays related to procurement of the consultants. However, by December 2015 a contract was signed and inception meeting held, and preparation of inception report commenced. The evaluation is anticipated to be completed by June 2016 and disseminated at IAC 2016 in Durban.	C,E		
				3.4	Countries have scaled-up HIV treatment to reach the three 90s by 2020.	3.4.1	Roll out of the Faces of HIV-free Generation initiative during International Women's Day in March and in communities in fast-track countries to raise awareness and increase PMTCT service uptake. PARTIALLY ACHIEVED	Publication with success stories of PMTCT produced and launched at national women's day in South Africa in August 2015. Community dialogues are postponed for 2016	A
		3.4.2	Convene the regional Treatment Forum. ACHIEVED			Completed	B		
		3.4.3	Conduct multiple stakeholders advocacy visits in 14 global plan countries and 4 others that are lagging behind. NOT ACHIEVED			Instead of advocacy visits, the RST ESA provided technical support and catalytic funding to selected Global Plan countries 4 (Kenya, Lesotho, Mozambique and Tanzania) in ESA region through community grants for PMTCT scale up including male engagement and retention of mother baby pairs.	B,C		

Annexure A: 2015 Outputs Achievements Matrix

Ref.	OUTCOME	Ref.	Output STATUS (2015)	Ref.	Workplan Activities STATUS (2015)	Achievements 2015	RST working modalities		
4	Countries have sustainable resources for their HIV responses.	4.1	Innovative financing mechanisms are identified, pursued and implemented at regional and country levels. ACHIEVED	4.1.1	Support resource tracking and gap analysis in 13 fast track countries (including piloting new tracking tool for Uganda, Lesotho, Malawi and Zimbabwe)	<p>Support to Regional COP 2015</p> <p>- UNAIDS RST ESA and the Technical Support Facility [TSF] ESA prioritized support to building blocks [NSPs, Investment Cases, HIV prevention strategies, community engagement, etc] to inform CNs. Modelling incorporated in the building blocks was an innovative tool to appreciate the impact of various policy investment scenarios, linking evidence with policy decisions.</p> <p>Linking Global Fund concept note development with PEPFAR Investment cases inform PEPFAR planning</p>	C, E		
				4.1.2	Facilitate the development of a technical paper on sustainable financing for EAC.	<p>ref 4.1.5</p>	C		
				4.1.3	Strengthen partnership with Global Fund to ensure high quality Global Fund concept notes with strong focus on prevention and people left behind.	<p>Completed and ongoing. • More than US\$ 1.2 billion are available in the ESA region to implement HIV and TB programmes for the next three years</p> <ul style="list-style-type: none"> • ESA Investment Approach Application Informed the ESA GF-NFM Concept Notes, 2014 – 2015 • 80% of the ESA countries GF applications were a joint HIV and TB Concept Note • Supported development of building block to inform GF concept Notes 	C, E		
				4.1.4	Develop a critical mass of technical support providers that can fast-track sustainability planning	<p>Work of Partnerships: TSF, Harvard, WorldBank, HEARD</p> <p>Provided coordinated support to resource mobilisation and sustainability planning across the region. UNAIDS played a convening role for partners and deployment role to countries.</p>	A, B, E		
				4.1.5	Mobilize the private sector, SADC Ministry of health and EAC for sustainable health financing.	<p>SADC Health Trust established in January 2015. The SADC Ministers of Health set the pace for the ESA region by endorsing the Sustainable Financing Analysis for Health and HIV and the Framework of Action. Under leadership of RST Director, four priority actions were identified for the Trust to push forward innovative financing at Ministerial level.</p> <p>Sustainable Financing Analyses produced by SADC & EAC secretariats. The SADC Framework of Action recognizes that the application of some of these strategies will be context specific, and largely dependent on the fiscal capacity and economic performance of individual countries. The EAC has just completed a similar analysis. Both RECs will be convening dialogues with Ministries of Finance on the Sustainability in 2016. The region has also initiated transition planning in Kenya, Rwanda and Zambia to bridge the gap between long term efforts to guarantee financial sustainability being explored by countries and urgently address programme sustainability and transitions necessitated by funding cuts and/ shifts within the HIV programme. All this to ensure that on-going transitions are negotiated and well managed.</p>	A, B		
		4.2	Countries implement the Investment Approach (IA) to fast track their HIV responses. ACHIEVED	4.2.1	Convene a Regional Stock-Taking Meeting on the IA to share experiences and lessons learnt, and to facilitate cross learning and inform the strengthening of IA tools and methods.	<p>Stock Taking Meeting was convened in February 2015. Meeting highlighted the usefulness of the IA as well as the lessons and experiences gathered from months of implementing the Investment Approach. Recommendations to strengthen the application of the investment agenda included: capacity building to improve understanding of the IA (at national and sub-national levels in countries) tools and models used; as well as the development of a programme toolkit that better responds to identified gaps (e.g. optimization, prioritization, Critical Enablers)</p>	B, C		
				4.2.2	Update and roll out investment approach tools to guide the development and implementation of Investment Cases (ICs) and sustainable financing plans in ESA.	<p># ICASA sessions</p> <p>In 2013, the RST spearheaded the implementation of the Investment Approach in the ESA region. A high level dialogue organised for the region secured the engagement and buy-in of key policy makers to implement the Investment Approach and created a momentum for the development of ICs</p> <p>11 countries have developed ICs which will guide the implementation of responses that are effective, efficient and sustainable. To ensure guidance and oversight to the investment work at country level, the RST developed the capacity of a critical mass of UNAIDS staff and countries teams on the IA and the use of the i-tool (investment tool).</p> <p>The RST intensified efforts to support Uganda, Rwanda and the RECs (SADC and EAC) to undertake sustainable financing analysis to inform country and regional advocacy efforts.</p>	A, B, C, E		
				4.2.3	Develop a diagnostic guide for implementation and service delivery efficiency in ESA (including a study measuring efficiency of SRH-HIV integration in Botswana and Namibia).	<p>Efficiency study initiated, analysis protocol developed in Botswana and Namibia.</p> <p>Study to be completed in 2016</p>	C		
							PARTIALLY ACHIEVED		

Annexure B : 2015 List of Think Tank Members and the Secretariat Team

Members of the Think-Tank

Name	Position	Affiliation	Country
Prof. Nana Poku	Executive Director	Executive Director, Health Economics and HIV/AIDS Research Division (HEARD)	South Africa
Ms. Wanjiku Kamau	Regional Representative for East Arica (Co-Chair)	International HIV/AIDS Alliance	Regional/Kenya
Mr. Mark Heywood	Executive Director (Co-Chair)	Section 27	South Africa
Ms. Cindy Kelemi	Executive Director	Botswana Network on Ethics, Law and HIV/AIDS (BONELA)	Botswana
Ms. Daughtie Ogutu	Africa Coordinator	African Sex Workers Alliance (ASWA)	Regional/Kenya
Hon. Dr. Oagile Key Dingake	Honourable Justice (Co-Chair)	High Court of Malawi	Botswana
Mr. Jonathan Gunthorp	Executive Director	Executive Director, Southern African AIDS Trust (SAT)	Regional/South Africa
Rev. MacDonald Sembereka	Director	Malawi Network of Religious Leaders Living with or Affected by AIDS (MANARELA)	Malawi
Ms. Lois Chingandu	Executive Director	Southern African AIDS Information Service (SAfAIDS)	Regional/Zimbabwe
Ms. Dawn Cavanagh	Executive Director	Coalition of African Lesbians (CAL)	Regional/South Africa
Mr. Geoffrey Mujisha	Chief Executive Officer	Most-At-Risk-Populations (MARPs) Network	Uganda
Mr. Kene Esom	Executive Director	African Men for Sexual Health and Rights (AMSHeR)	Regional/South Africa
Ms. Michaela Clayton	Executive Director	AIDS Rights Alliance for Southern Africa (ARASA)	Regional/Namibia
Mr. Nguru Karugu	Health and Rights Consultant,	Open Society Initiative for Eastern Africa (OSIEA)	Regional/Kenya
Ms. Helgar Musyoki	Program Manager for Key Populations	National AIDS & STI Control Programme (NASCOP)	Kenya
Mr. Nicolas Ritter	Executive Director	Prévention Information Lutte contre le Sida (PILS)	Mauritius
Hon. Justice Dunstain Mwaungulu	Honourable Supreme Court Judge	High Court of Botswana	Malawi
Rev. Kapya Kaoma	Consultant	Political Research Associates	Zambia/United States
Ms. Fatma Mrisho	Director	Tanzania Commission for AIDS (TACAIDS)	Tanzania
Ms. Martha Tholana	Chairperson/Board member	Gays and Lesbians of Zimbabwe (GALZ)/International Coalition of Women Living with HIV (ICW)	Zimbabwe
Mr. Casper Erichsen	Executive Director	Positive Vibes	Regional/Namibia
Ms. Tikhala Itaye	Member	African Youth and Adolescents Network on Population and Development (AfriYAN)	Regional/Namibia
Mr. Allan Maleche	Executive Director	Kenya Legal and Ethical Issues Network on HIV & AIDS (KELIN)	Kenya

Guest members of the Think-Tank:

Prof. Sylvia Tamale, Makerere University, Kampala, Uganda

Prof. Michelo Hangusule, Centre for Human Rights, Pretoria, South Africa

UNAIDS regional support team for Eastern
and Southern Africa

11 Naivasha Road Sunninghill Johannesburg
2157

South Africa

+27 11 519 6911 unaids.org

