

UNAIDS 2019

Eastern and Southern Africa

Regional report 2018

to the extent that the model is able to predict the number of individuals in each age class.

It is important to note that the model is not intended to predict the number of individuals in each age class in any particular year, but rather to predict the number of individuals in each age class over the long term. The model is based on the assumption that the population is in a steady state, and that the number of individuals in each age class is constant over time.

The model is based on the following assumptions:

1. The population is in a steady state.
2. The number of individuals in each age class is constant over time.
3. The number of individuals in each age class is proportional to the number of individuals in the previous age class.

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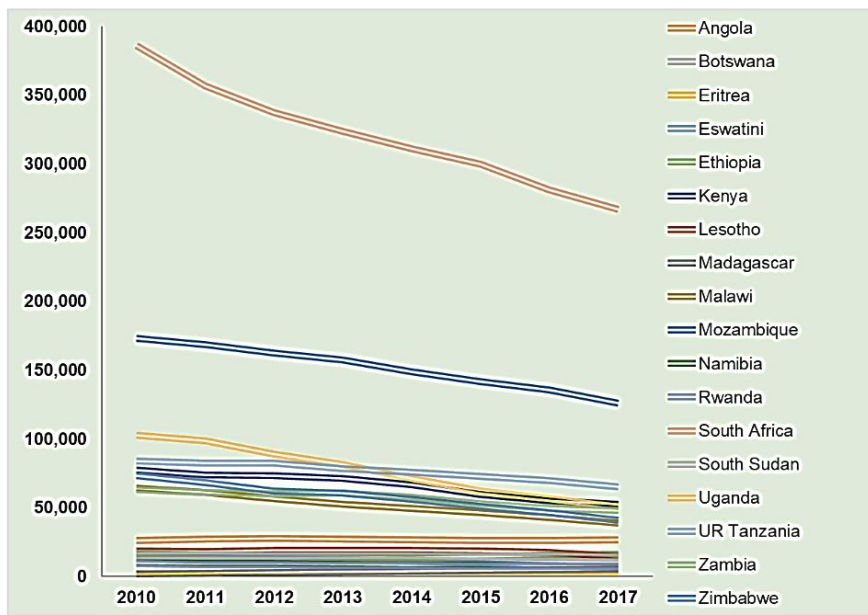
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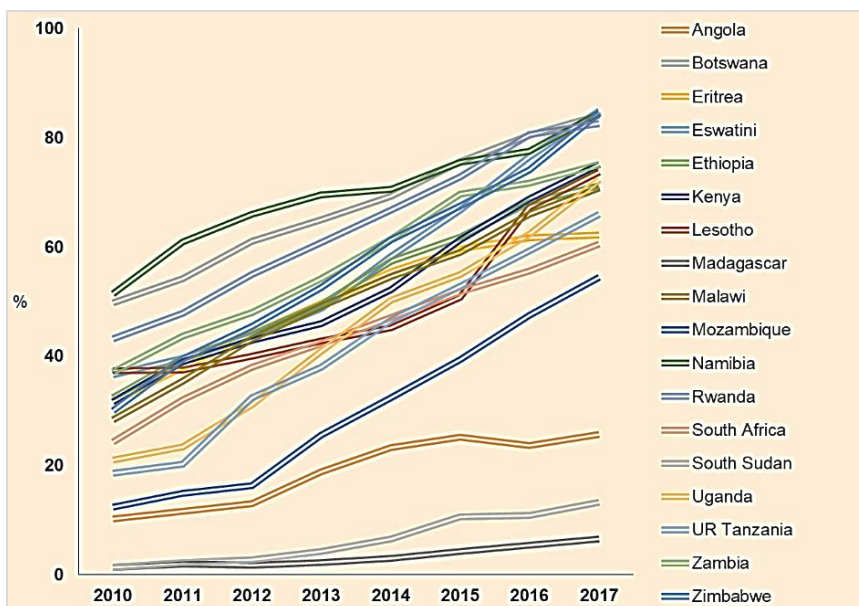
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Introduction



Rate of new HIV infections in eastern and southern Africa



ART coverage in eastern and southern Africa

Progress towards Fast-Track targets

Indicators prioritized by the Regional Joint Team	Status	Remarks
85% of people with an HIV diagnosis receive ART.	• ON TRACK	The proportion of people with an HIV diagnosis who received ART increased from 53% in 2015 to 66% in 2017.
85% of children living with HIV receive ART.	• NOT ON TRACK	Treatment coverage among children increased from 52% in 2015 to 59% in 2017.
At least 8 Fast-Track countries reach and sustain at least 90% ART coverage among pregnant women.	• ON TRACK	Ten countries achieved at least 90% ART coverage among pregnant women during 2017 (Botswana, Eswatini, Lesotho, Malawi, Namibia, Rwanda, South Africa, Uganda, Zambia and Zimbabwe).

Joint Programme contributions

The Joint UN Regional AIDS Team in eastern and southern Africa spearheaded UNAIDS' contributions to the progress made in this region. The Regional Team has established technical working groups in key thematic areas and supports all country-level Joint UN Teams on AIDS to seek maximum impact with the allocations in country envelopes.

UNAIDS prioritized regional and country-level support in the region to accelerate HIV prevention and sexual and reproductive health and rights activities, as well as actions that address the needs of adolescent girls and young women and key populations. The Joint Regional Team's support to the Southern African Development Community (SADC) and the East African Community facilitated two stock-taking meetings to review progress towards Fast-Track targets. The support also helped institutionalize accountability scorecards and frameworks for HIV prevention, sexual and reproductive health and rights, and sexual and gender-based violence. In addition, it enabled the SADC Parliamentary Forum's to develop (and eventually adopt) minimum standards for the protection of key populations.

The Joint Regional Team convened Ministries of Education and Ministries of Health from 20 countries to review progress in implementing the regional Ministerial Commitment on comprehensive sexuality education. The Team:

- assisted four countries to identify technical support needs related to programming for adolescent girls and young women;
- supported six countries to address communities affected by migration (including priority setting to ensure continuity of HIV treatment for populations on the move);
- supported the integration and scale-up of sexual and reproductive health and rights services and HIV services in five countries;
- provided a status update on comprehensive sexuality education programming and access to sexual and reproductive health services;
- supported regional trainings on condom estimation tools;
- provided training for medical and non-medical prison staff in seven countries; and
- supported the adoption of a communiqué on meeting the needs of people in prisons at a high-level regional conference.

The Joint Team built the capacity and sharpened the focus of front-runner countries (Botswana, Eswatini, Uganda and Zimbabwe) on eMTCT. It also supported the launch and rollout of the “Free to Shine” campaign of 22 First Ladies in Africa, which has strengthened momentum towards eMTCT.

The Team increased the capacity of 12 countries to prioritize investments for Universal Health Coverage (UHC) and took part in national reviews and provided technical inputs to key national documents, including four National Strategic Plans, Global Fund concept notes, eMTCT plans and updates of national clinical guidelines, to leverage smarter results-oriented investments and programmes. The Joint Regional Team also generated evidence on HIV in humanitarian settings, postnatal retention of mother-infant pairs in PMTCT programmes, and HIV programming for adolescents.

With the support of Joint Regional Team, 19 of 21 countries in the region updated and finalized their 2018 HIV and treatment coverage estimates, with all countries reporting to the 2018 GAM online system, which UNAIDS manages.

The Team provided support to the United Republic of Tanzania and Zimbabwe to implement patient monitoring and case surveillance, and for the drafting of guidelines in Uganda and the United Republic of Tanzania. The Joint Team facilitated the creation of HIV situation rooms in 8 countries to enable real-time monitoring, and the Team's Strategic Information Technical Working Group developed infographics for visualizing key data and trends.

Progress towards social justice remained at the heart of the Joint Programme's assistance in eastern and southern Africa in 2018.

The Regional Team provided guidance and technical support to the SADC Parliamentary Forum to develop the Gender Responsive Oversight Model, which was endorsed for implementation in 2018. The Team's guidance and technical support was used to carry out HIV-sensitive social protection assessments in Lesotho, Namibia, Uganda and the United Republic of Tanzania, with results shared both globally and regionally.

The Regional Team supported training of the East African Legal Aid Regional Network on HIV-related human rights and programming for key populations. It also strengthened the capacity of lawmakers, law enforcement officers, policymakers and human rights commissions in Rwanda, South Sudan and Zambia to create enabling environments for HIV programmes serving key populations. Throughout 2018, the Regional Team continued to provide legal advice regarding HIV legislation and advocacy for decriminalizing HIV transmission, sex work, drug use, same-sex relationships, among other issues.

In the countries of eastern and southern Africa, the Joint UN Teams on AIDS supported the achievement of specific, people-centred targets related to protecting adolescent girls and young women, gender equality, investment and efficiency, and integration.

Challenges and bottlenecks

Diminishing resources are a key challenge in the region and there is inadequate focus on integrating HIV within UHC and on improving efficiency and sustainability. In particular, without alternative, additional investments, recent dramatic budget cuts by PEPFAR in high-burden settings (e.g. in Mozambique and South Africa) could threaten epidemic control.

Gender inequality, stigma and discrimination continue to impede an effective HIV response, especially for adolescent girls and young women and key populations. The first 90, HIV testing, continues to be a significant challenge in the region, especially for priority population groups such as adolescents and key populations. Inadequate retention in care and high rates of incident infections during pregnancy and breastfeeding also challenge the goal of eMTCT validation in this region.

Coordination remains a challenge. Insufficient communication and tight deadlines further hinder optimal management of activities. The engagement of regional bodies by the Regional Team has improved notably but could be more systematic and strategic. On the programme

side, coordination of adolescent girls and young women programming is suboptimal amid a crowded and still-growing array of partners and initiatives.

There are persistent gaps in the collection, analysis and use of data for key populations, adolescent girls and young women, migrant and refugee populations, and on critical enablers. Challenges associated with the continual updating of estimation methods for key indicators (e.g. ART, PMTCT and HIV incidence among children) persist and result in changing estimates, which can confuse and frustrate governments and their partners. At the same, routine health information systems remain weak. Regional Team partners who are most involved in the generation, analysis and use of data do not have a focal point that is dedicated to strategic information. Staff turnover presents an additional challenge.

Key future actions

The Regional Team will continue to prioritize advocacy to achieve the Super-Fast Track targets¹ for combination prevention and treatment. It will follow the principle of ongoing UN reform across its work and will deliver its support by adopting the focused work modalities outlined below.

Advocacy. The Regional Team will support relevant regional and continent-wide initiatives such as:

- the “Free to Shine” campaign,
- domestication and rollout of guidelines on paediatric and adolescent HIV treatment,
- advocate for innovative high-impact testing strategies,
- address stigma and discrimination,
- advocate on HIV/sexual and reproductive health and rights-responsive UHC, and
- support the EAC and SADC to implement and monitor key regional frameworks on prevention, sexual and reproductive health and rights and sustainable financing in the countries for health.

At regional and country levels, advocacy for actions to achieve the Super-Fast Track targets for combination prevention and treatment—particularly for key populations, adolescent girls and young women and other priority populations—will continue.

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¹ In June 2016, an ambitious Super-Fast-Track framework—Start Free, Stay Free, AIDS Free—was launched by UNAIDS, the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and other partners. It outlines a set of time-bound targets for ending new HIV infections among ART treatment.

Country support. Through joint missions and remote engagement, the Regional Team will provide technical support to countries and partners in planning, managing, monitoring and reporting the HIV response. Technical support strategies will be differentiated according to epidemiology and performance.

The Regional Team will strengthen the capacities and work with regional economic bodies to improve Member states' accountability for achieving the Fast-Track targets. It will prioritize support to operationalize evidence-based programming for adolescent girls and young women and prevention. Support will be provided for the rollout of the Gender Responsive Oversight Model, for work on preventing and responding to school-related gender-based violence, for HIV-sensitive social protection assessments, and for setting up situation rooms in the selected countries. The Team will also focus on working with communities to strengthen demand for and use of services.

Quality assurance. The Regional Team will continue to improve and sustain quality and strategic focus through joint reviews of UBRAF country envelopes and their implementation, key country documents and processes, and working with teams at country and regional levels,

Documentation and knowledge management. The Regional Team will continue to generate, consolidate and disseminate evidence and develop recommendations. It will promote evidence-based practices for achieving the 90–90–90 targets and it will support countries to document and share their experiences.

In eastern and southern Africa, the country envelope resources were allocated mainly for activities related to young people (30.2%), testing and treatment (26.8%), eMTCT (13.6%) and key populations (9.4%).

Expenditure information

Table 1
Expenditure and encumbrances in eastern and southern Africa in 2018, by organization (US\$)

Organization	Core (globally allocated) (US\$)	Core (country envelope) (US\$)	Non-core (US\$)	Grand total (US\$)
UNHCR	688 944	158 350	11 671 530	12 518 824
UNICEF	855 126	1 058 733	23 246 564	25 160 423
WFP	731 018	209 284	11 652 480	12 592 781
UNDP	295 888	637 749	6 376 837	7 310 474
UNDP GF	-	-	142 438 670	142 438 670
UNFPA	927 147	1 420 200	22 235 994	24 583 342
UNODC	362 126	267 843	3 735 310	4 365 279
UN WOMEN	914 384	250 068	1 935 243	3 099 695
ILO	839 466	321 541	1 524 000	2 685 007
UNESCO	354 090	484 553	3 107 515	3 946 158
WHO	1 232 705	1 266 305	9 094 245	11 593 255
World Bank	1 583 370	110 000	1 465 399	3 158 769
Secretariat	19 987 836	-	4 858 301	24 846 137
GRAND TOTAL	28 772 099	6 184 628	243 342 087	278 298 814

Table 2
Expenditure and encumbrances in eastern and southern Africa in 2018, by country (US\$)

Country	Core (globally allocated) (US\$)	Core (country envelope) (US\$)	Non-core (US\$)	Grand total (US\$)
Angola	1 318 140	160 509	11 684 787	13 163 435
Botswana	706 518	253 548	1 358 738	2 318 804
Comoros	-	-	19 849	19 849
Eswatini	872 174	186 633	4 468 816	5 527 623
Eritrea	70 501	-	132 843	203 344
Ethiopia	1 097 949	347 740	5 996 729	7 442 418
Kenya	2 120 999	432 998	8 220 528	10 774 524
Lesotho	841 358	222 949	1 539 025	2 603 333
Madagascar	319 977	206 882	697 265	1 224 124
Malawi	1 116 503	350 373	6 961 845	8 428 721
Mauritius	-	-	4 977	4 977
Mozambique	1 095 356	799 382	13 183 132	15 077 870
Namibia	824 858	249 974	1 371 702	2 446 534
Rwanda	742 784	206 573	2 146 214	3 095 571
South Africa	3 000 532	1 006 272	3 583 615	7 590 418
South Sudan	913 686	170 540	15 521 242	16 605 468
Uganda	1 422 600	323 920	7 375 661	9 122 181
United Republic of Tanzania	2 163 015	551 679	6 925 788	9 640 482
Zambia	1 354 744	383 359	7 500 843	9 238 946
Zimbabwe	2 436 369	331 297	123 608 699	126 376 364
ESA regional	6 354 036	-	21 039 791	27 393 827
GRAND TOTAL	28 772 099	6 184 628	243 342 087	278 298 814

Table 3
Core and non-core expenditure and encumbrances in eastern and southern Africa in 2018, by Strategy Result Area (US\$)

Strategy Result Area	Core* (US\$)	Non-core (US\$)	Grand Total (US\$)
SRA 1 – HIV testing and treatment	2 767 165	144 392 206	147 159 370
SRA 2 – eMTCT	31 543	8 850 765	8 882 308
SRA 3 – HIV prevention and young people	1 976 636	20 731 244	22 707 880
SRA 4 – HIV prevention and key populations	679 480	12 669 548	13 349 028
SRA 5 – Gender inequalities and gender-based violence	1 103 575	8 521 760	9 625 335
SRA 6 – Stigma, discrimination and human rights	315 546	10 806 639	11 122 185
SRA 7 – Investment and efficiency	919 787	6 726 274	7 646 060
SRA 8 – HIV and health services integration	990 532	25 785 353	26 775 885
TOTAL	8 784 263	238 483 787	247 268 050

* This does not include expenditures against country envelope funds.

Table 4
Core and non-core expenditure and encumbrances in eastern and southern Africa in 2018, by Secretariat function (US\$)

Secretariat function	Core (US\$)	Non-core (US\$)	Total (US\$)
S1 – Leadership advocacy and communication	4 008 329	1 259 289	5 267 617
S2 – Partnerships mobilization and innovation	8 684 471	1 560 414	10 244 885
S3 – Strategic information	3 141 012	637 070	3 778 082
S4 – Coordination convening and country implementation support	2 529 293	984 782	3 514 075
S5 – Governance and mutual accountability	1 624 731	416 746	2 041 477
TOTAL	19 987 836	4 858 301	24 846 137

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