

UNAIDS 2021

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# Eastern and Southern Africa

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**Regional report 2020**

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- People with mental health problems should be given the opportunity to participate in decisions about their care.
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## Progress towards the Fast-Track targets

Regional priorities/ targets (by end of 2021)	Status	Results (by end of 2020)
<p>90% of people living with HIV, who know their HIV status, receive ART and 75% are virally suppressed.</p> <p>In Fast-Track countries, 90% of children (0–14 years) living with HIV receive ART.</p> <p>At least 12 countries are reaching and sustaining ART coverage of at least 90% for pregnant women living with HIV and at least six countries have a mother-to-child transmission rate below 5%.</p>	ON TRACK	<p>In the region overall, 87% of people living with HIV know their status, 72% are on treatment, and 65% are virally suppressed. Eight countries in the region have achieved the 90–90–90 targets; all but four (Angola, Madagascar, Mozambique and South Sudan) are on-track.</p> <p>ART coverage among children is 58% (regional range 16%–84%).</p> <p>12 countries in the region have reached at least 90% ART coverage for pregnant women living with HIV. Five countries have achieved a mother-to-child transmission rate below 5% (GAM 2020).</p>
<p>HIV/TB co-infection related mortality reduced to 10%.</p>	SLOW PROGRESS	<p>No data available for the region.</p>
<p>New HIV infections are reduced to 200 000 in the region by 2020 with a focus on young people, adolescent girls and young women and key populations.</p> <p>The percentage of young people who have the comprehensive skills, knowledge, and capacity to protect themselves from HIV increased by 90%, by 2020.</p> <p>The percentage men aged 15-24 who are voluntarily medically circumcised increased by 90% in 8 high priority countries.</p>	SLOW PROGRESS	<p>There was a 38% decrease in new infections since 2010 (UNAIDS Global AIDS Update, 2020).</p> <p>No recent data available on HIV knowledge and voluntary medical circumcision among 15-24 year-olds.</p>

At least 50% of East African Community (EAC) and Southern African Development Community (SADC) countries have improved their legal and policy environments to promote access to HIV services for all.	ACHIEVED	15 countries (including 13 EAC/SADC countries, i.e. 71%) have taken important steps to address legal and policy barriers that impede efforts to reduce new infections.
All SADC countries have developed and implemented the Commission on the Status of Women 60/2 action plans.	SLOW PROGRESS	The SADC Parliamentary Forum launched the gender-responsive oversight model in pilot countries (Angola, Lesotho, Malawi, Zimbabwe) to address structural drivers of risk and vulnerability in girls and young women; implementation in 2021.
HIV response is efficiently implemented with technological advances to improve service delivery; HIV-sensitive UHC interventions are implemented at national and district levels, and health facilities and communities. HIV response is integrated into UHC and social protection systems. At least 50% of people living with and affected by HIV benefit from HIV-sensitive social.	ON TRACK	Country-level projects are leveraging data analytics to improve efficiency in service delivery; projects at regional level (EAC and SADC) supporting sustainability and integration were advanced to support country-level efforts. Progress made in integrating HIV in health benefits packages at the country level, thus advancing UHC.

## Joint Programme contributions and results in 2020

**Testing and Treatment**—*technical support; capacity building; partnerships (UNHCR, UNICEF, WFP, UNFPA, UN Women, ILO, UNESCO, WHO, World Bank, UNAIDS Secretariat, IOM)*

Active support scaled up differentiated service delivery for adults and adolescents, including through MMD, alternative and community service delivery points, as well as peer support models in about 10 countries. Point-of-care technology was further promoted to improve testing for viral load, early infant diagnosis (which was scaled up in seven countries), TB, and viral hepatitis, including to refugees. A strengthened cross-border health mechanism reached

70 000 young people, migrants, and sex workers with HIV services in six countries in southern Africa.

Eight countries (Eswatini, Ethiopia, Kenya, Malawi, Mozambique, Uganda, the United Republic of Tanzania and Zimbabwe) were supported to scale up point-of-care diagnosis for early infant diagnosis. Four countries (Kenya, Malawi, Uganda and Zimbabwe) introduced integration of testing in Gene Xpert machines to include early infant diagnosis and viral load, TB and human papilloma virus. A multicountry study on paediatric viral suppression was completed to accelerate quality treatment for children. All countries were supported to identify gaps in prevention of mother-to-child transmission service delivery, and capacity building, and validation readiness assessments were provided in Botswana, Namibia, Rwanda and Zimbabwe.

A variety of ART delivery approaches were adopted, including courier services, to mitigate difficulties in remaining on ART for people living with HIV in marginalized communities. For example, in Uganda, bicycles were procured for networks of women living with HIV and young people, enabling them to deliver life-saving HIV treatment to remote communities.

Interventions were supported to increase access to HIV testing and counselling and treatment and care in the context of gender inequality, such as the HeForShe community-based initiative, which engaged 115 000 women and men in South Africa in dialogues on unequal gender norms, violence against women, and HIV prevention in 2019–2020. Fully 62% of those who engaged in the dialogues took an HIV test, and all those who tested HIV-positive were linked to HIV treatment and care.

**Prevention**—*advocacy, policy dialogue and technical support (UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, UNAIDS Secretariat, IOM)*

SADC was supported to develop an annual scorecard on HIV prevention, helping Ministries of Health to assess performances, and the SADC key population strategy was implemented and monitored. A Global Prevention Coalition initiative in eight countries is pioneering a south-south network for condom and key population programme scale-up.

Fourteen countries in the region receiving Global Fund's catalytic funding for adolescent girls and young women were supported on evidence-based implementation, proposal writing and peer reviews, and a new adolescent sexual and reproductive health toolkit for humanitarian settings was rolled out, increasing health workers' capacity to meaningfully engage with adolescents and young people. The online teacher training course on comprehensive sexuality education was revised and updated, and is expected to reach 1,750 teachers and benefit 75 000 children and adolescents per year.

Interventions were scaled up across seven countries to transform unequal gender norms in HIV prevention. Implementation of the "SASA!" community-based programmes rolled out across 15 districts of Zimbabwe reached over 30 000 women with information and services on gender-based violence. A similar roll-out in Uganda engaged nearly 50 000 community members in three districts, resulting in increased reporting of cases of violence against women and accessing local HIV testing clinics. "SASA! Faith" (an adaptation of the programme for faith-based communities) piloted in Kenya resulted in improved women and men's access to HIV testing, treatment and couple's counselling, as well as a 59% reduction of HIV-related community stigma and discrimination towards women living with HIV.

**Addressing structural barriers and gender inequalities**—*advocacy; policy advice; technical support (UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, World Bank, UNAIDS Secretariat)*

A gender assessment of the national HIV response was completed in Ethiopia, Malawi, Uganda and the United Republic of Tanzania, and knowledge products created and disseminated to relevant national stakeholders on laws, policies, rights and structural barriers faced by adolescent girls, young women and key populations in the region. Findings from the assessment informed the development of gender-responsive regional and national plans, strategies and funding requests.

Together with the International Community of Women Living with HIV-Eastern Africa, pilot approaches were launched to end HIV-related stigma and discrimination against women in the context of the COVID-19 pandemic in South Africa and Uganda.

SADC was supported in developing a model law on gender-based violence to guide national legislations to end child marriage. Advocacy was undertaken with key country stakeholders, including parliamentarians and civil society, to repeal punitive and discriminatory laws, and enhance understanding of the SADC model law. A publication was finalized on strengthening joint advocacy efforts with national human rights institutions to foster the sexual and reproductive health and rights and the gender equality agenda in the region. In partnership with He4She, documentation was produced on community programmes addressing harmful gender norms and practices in Malawi, South Africa, the United Republic of Tanzania and Zimbabwe.

A regional study on access to social security for women in the informal economy was finalized, documenting lived experiences of women with diverse needs. The report provides an overview of existing social safety net interventions, and offers entry points, opportunities and instruments to integrate women living with HIV into social safety net programmes. The regional Joint Team also conducted HIV-sensitive social protection assessments in three countries, and an HIV-sensitive social protection mapping study for 15 Fast-Track countries.

**Integration and sustainability of the response—*technical support (UNHCR, UNICEF, WFP, UNFPA, ILO, WHO, World Bank, UNAIDS Secretariat)***

Support was provided to East African Community to develop and disseminate a universal health and HIV coverage resource mobilization strategy, and to SADC on an HIV sustainability road map towards the goal of ensuring appropriate service integration and fiscal sustainability in the long term.

Health and HIV financing work was done in at least seven countries to support efficient, appropriate inclusion of HIV-related services in health benefits packages and integration of services. For example, analytic assistance was provided to support Zambia and Zimbabwe in service integration via health benefit package design and UHC. A health service integration analysis of HIV, malaria and TB programmes, using Optima modelling software, was undertaken in Mozambique.

**Contribution to the COVID-19 response (*UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, WHO, World Bank, UNAIDS Secretariat, IOM*)**

The regional Joint Team advocated, collected data and provided technical assistance to promote MMD, ensuring adequate ART stock within the differentiated service delivery framework in all countries, including direct interventions in Botswana, Mozambique and the United Republic of Tanzania. Scale-up of differentiated service delivery and innovative HIV testing, care and treatment models was integrated into national strategic plans in eight countries, funding requests were approved for 13 countries, and innovative treatment and prevention service approaches, including home delivery of contraceptives and mobile clinics for sex workers, were documented in seven countries. Efforts to protect PMTCT gains included regular monitoring and feedback through joint reproductive, maternal, newborn, child and adolescent health monitoring, and sharing of innovative approaches. Assessments of the impact of COVID-19 lockdowns on marginalized communities were done, with a focus on sex workers.

A regional conference for LGBTI activists from SADC Member States focused on assessing and mitigating the social, economic and political impact of COVID-19, including on strategic litigation, law reform and activism. Opportunities were identified for collaboration on campaigns against police abuse by adapting advocacy and communications efforts.

A virtual knowledge-sharing platform, “Building networks behind the prison walls”, was created to share experiences among the prison staff, civil society and academia from the southern Africa region about responses to COVID-19 in prison settings, continuity of HIV

treatment after release, prevention of sexual violence in prisons, drug dependence treatment, and mental health. Preparedness of prisons for the prevention and control of COVID-19 was strengthened through advocacy among decision-makers, capacity building of prison staff and procurement of personal protective equipment.

An assessment of the COVID-19 impact on financing for health and HIV was presented to SADC and EAC Ministers of Health, and the Pan-African Parliament on "Right to health in the time of COVID-19" was engaged to increase health budgets. US\$ 6 million was mobilized from SIDA to ensure continuity of sexual and reproductive health and rights services in the region, and a Reckitt Benckiser donation of hygiene kits worth US\$ 4 million was mobilized, benefiting approximately one million people living with HIV in 18 countries.

### **Contribution to the integrated SDG agenda (*UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, WHO, World Bank, UNAIDS Secretariat*)**

The regional Joint Team commissioned a comprehensive external evaluation of regional Ministerial Commitment (2013–2020) on comprehensive sexuality education and youth-friendly sexual and reproductive health and rights services in order to advocate for an extension of commitment until 2030, as part of its contribution to achieving the SDGs on health, education and gender.

Work was undertaken at regional and country levels to advance health service integration and UHC by supporting country policy and programming on integration, health benefits packages and UHC planning (SADC, EAC, Kenya, Malawi and Zimbabwe). Three countries were supported by the regional team to conduct an HIV-sensitive social protection assessment and to implement the recommendations.

A report on the status of SADC Member States' laws and international agreements, along with SADC regulations and position papers, have been developed to drive advocacy—in particular to increase domestic funding on sexual and reproductive health and rights and gender inequalities. Human Rights Universal Periodic Review Recommendations are being developed in Rwanda and will be completed in 2021.

### **Challenges and bottlenecks**

The COVID-19 pandemic significantly affected direct outreach to the population- and field-based components of the regional Joint Team's studies, monitoring and support. The pandemic substantially hindered planned technical support to countries, notably disrupting the

regular Gender Ministers' Meeting, with a negative impact on the Commission on the Status of Women resolution 60/2 and the HIV and gender equality agenda.

Angola, Madagascar, Mozambique and South Sudan are lagging significantly behind on the treatment targets. Except for Angola, COVID-19-related travel restrictions prevented country-specific consultations to identify specific barriers/challenges and opportunities and to develop acceleration plans.

High rates of HIV infection and suboptimal retention of mother-infant pairs in care and treatment remain the main challenges in PMTCT programming. Almost two thirds of vertical transmission cases are due to newly acquired infections among mothers and treatment attrition during pregnancy and breastfeeding. Another critical challenge includes low coverages of early infant diagnosis and paediatric treatment. The treatment gap between adults and children remains unacceptably high.

Violence against women has surged during the COVID-19 pandemic, exacerbating women's risk of acquiring HIV. Knowledge on HIV prevention among adolescent girls and young women has remained alarmingly low in the last two decades, and new HIV infections are very high in this age group. Recommendations from gender assessments often do not translate into gender-responsive actions, budgets, and indicators. Tracking allocations and expenditures towards gender-transformative interventions in the HIV response is rarely prioritized, and adolescent girls and young are seldom included in decision-making spaces and processes.

Data gaps are a consistent challenge. Poor or absent disaggregated data on age, sex, locations, population types and access to services, as well as evidence on inequalities are affecting the focusing of services for impact. TB/HIV data on morbidity, mortality and access to combination treatment are lacking.

## **Key future actions**

Needed are measures to prevent COVID-19 from undermining the HIV prevention agenda, and to support implementation of the Global Fund grants, including new strategic initiatives such as condom programming and harm reduction. Regional entities and countries must be assisted to align with and support the 2025 prevention targets, including scale up of combination prevention. South-south learning should be championed to further accelerate HIV prevention, and continued investments are needed to address social and structural drivers of the HIV epidemic and to scale up interventions that transform unequal gender norms and prevent violence against women. Networks of women, particularly adolescent girls and young women living with HIV, require support to influence decision-making in national

HIV responses. Stigma and discrimination that pose barriers for women and girls must be eliminated.

Continue supporting, tracking and documenting models of HIV, sexual and reproductive health and rights, and sexual and gender-based violence integration in the COVID-19 contexts. Continue to support countries in developing catch-up or action plans to scale up and adopt innovative service delivery models for treatment and care, with particular focus on countries that lag. Provide support to frontrunner countries on Path to Elimination processes. Support data-driven PMTCT programming in Fast-Track countries. Prioritize point-of-care early infant diagnosis platforms, and family and household testing approaches.

Generate and analyse specific evidence through health management information system/programme data, as well as community-generated data to address disruptions and accelerate results. Through advocacy and technical assistance, build on the learning and evidence generated to support sharper focusing of HIV programming on key gaps to accelerate results.





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