

UNAIDS 2022

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# Eastern and Southern Africa

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**Regional report 2021**

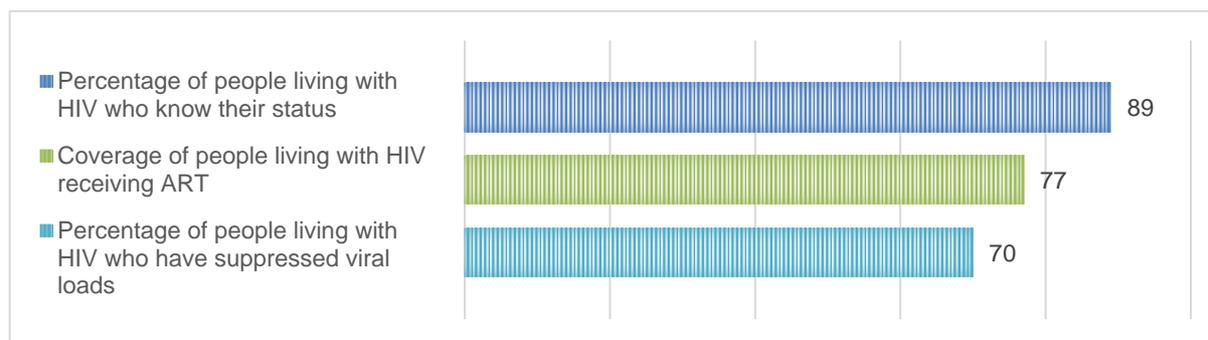


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## HIV testing and treatment cascade in the eastern and southern Africa region (2020)

Regional and country-level data are available on [AIDSinfo](https://aidsinfo.unaids.org/).



Source: Global AIDS Monitoring 2020

## 2021 reporting on selected 2016-2021 UBRAF indicators

Number of countries in the eastern and southern Africa region where the Joint Programme operated that reported on UBRAF indicators from 2016–2021: 17

2016–2021 UBRAF Indicators	2021
1.3: Countries adopting quality health-care services for children and adolescents	14
2.1: Countries implementing latest EMTCT guidance	17
3.1: Countries with combination prevention programmes in place (young people)	14
4.1: Countries with comprehensive packages of services for key populations defined and included in national strategies	10 (gay men and other men who have sex with men, and sex workers)
	9 (prisons and closed settings)
5.1: Countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms	14
8.1: Countries delivering HIV services in an integrated manner	15
8.2: Countries with social protection strategies and systems in place that address HIV	14

### *Featured stories*

- Leaders from eastern and southern Africa recommit to the education, health and well-being of adolescents and young people ([link](#))
- Little progress in increasing comprehensive knowledge of HIV among young women in eastern and southern Africa ([link](#))
- Remarkable progress in the scale-up of voluntary medical male circumcision as an HIV prevention intervention in 15 eastern and southern African countries ([link](#))

## **Joint Programme contributions towards achievement of 2020–2021 regional priorities**

Eastern and southern Africa has made notable progress in scaling up ART, with seven countries achieving the 90–90–90 targets and 12 countries reaching at least 90% maternal ART coverage. The regional joint team supported Botswana for validation on the path to the elimination of mother-to-child transmission. It also prioritized early infant diagnosis, viral load, TB and testing for human papillomavirus in multiple countries.

Concerted efforts have expanded combination HIV prevention, including services for young and key populations, increased funding for HIV prevention commodities through South-South cooperation, scaled up PrEP services and capacity building for sexual and reproductive health and rights (SRHR) advocacy. The Joint Programme promoted gender-responsive approaches, including through the launch of the Gender Responsive Oversight Model and Southern African Development Community Model Law on GBV. Extensive efforts were made to ensure the inclusion of effective and efficient HIV services in national health benefit packages and the integration of HIV and related health services.

### *HIV and TB testing, treatment, and EMTCT*

Key challenges in the regional EMTCT agenda include continuing high levels of new HIV infections and insufficient retention of mother-child pairs in care and treatment. Almost two thirds of vertical transmission cases are attributed to newly acquired infections among mothers and treatment attrition during pregnancy and breastfeeding. As a result of technical and financial support, nine countries scaled up point-of-care technology for early infant diagnosis and viral load monitoring, and four countries introduced integrated testing on Gene Xpert platforms for early infant diagnosis, viral load, TB and human papillomavirus.

A multicountry study on paediatric viral suppression was also completed to accelerate quality treatment for children, and a review of models to scale up differentiated care for adolescents living with HIV was disseminated widely. The Joint Programme supported nine countries to use national and subnational data, including through "stacked bar analysis", to identify and address gaps in PMTCT service delivery and progress on the path to elimination.

Maternal ART coverage has reached 95% for the region. Botswana became the first high-burden country to be certified by WHO as having reached “silver tier” status on the path to elimination<sup>1</sup> which moves it closer to eliminating mother-to-child HIV transmission. This shows that an AIDS-free generation is possible and it provides an inspiring example for other frontrunner countries.

The Joint Programme supported countries to mitigate the impact of the COVID-19 pandemic on vulnerable populations. This included monitoring and strengthening multimonth dispensing policy implementation in all countries, resulting in the expansion of 3-6 month ARV provision for eligible children, adolescents and adults living with HIV. An Expert Advisory Group on Occupational Safety and Health, COVID-19, HIV and TB was also established; thus far, it has reached 1000 health workers through 12 online courses. The regional Joint Team engaged with RB Medical Supply, a private company, to mobilize US\$ 4 million worth of hygiene kits, which were distributed to people living with HIV in 18 countries.

### *Combination prevention among young people and key populations*

Despite steep declines in recent years, new HIV infections remain at unacceptably high levels in the region. To accelerate progress on HIV prevention, the regional Joint Team supported the Southern African Development Community (SADC) in developing an annual scorecard on HIV prevention to help Ministers of Health evaluate individual and comparative performances. A stock-taking meeting was organized to assess progress on the 10-point action plan of the HIV Prevention 2020 Road Map, which attracted the participation of over 160 representatives of government and civil society organizations from 16 SADC member states. Participants developed plans to fast-track HIV prevention to reach revised 2025 targets that are aligned with the Global AIDS Strategy.

Eastern and southern Africa is characterized by an exceptionally high rate of new infections among adolescent and young girls and women aged 15–24 years (accounting for an estimated 29% of all new HIV infections in the region). More than 14 countries receiving Global Fund’s catalytic funding for adolescent girls and young women programmes were supported to strengthen HIV evidence-based prevention services, including the allocation of new catalytic funding for condom programming. Eight countries scaled up the Global Protection Corp. initiative to pioneer a South-South network for condom programming among key populations.

The regional Joint Team also supported the monitoring and review of SADC’s regional strategy for HIV prevention, treatment and care and SRHR among key populations. Review findings were shared with Ministers of Health, influencing regional and national efforts at focusing services for key populations. In addition, the Joint Programme collaborated with the African Sex Workers Alliance to complete a draft advocacy strategy, focusing on health, human rights and social protection programmes among sex workers, particularly in emergencies and humanitarian settings.

In 2020, the regional Joint Team supported rollout of the UN Inter-Agency Working Group adolescent SRH toolkit for humanitarian settings in the region. Informed by an innovative multidisciplinary virtual think tank, an implementation brief was developed to support the

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<sup>1</sup> WHO assigns the “silver tier” status certification to countries which have brought the mother-to-child HIV transmission rate to under 5%; provided antenatal care and ART to more than 90% of pregnant women; and achieved an HIV case rate of fewer than 500 per 100 000 live births.

expansion of PrEP services among adolescent girls and young women. Also emphasized was the need for age-appropriate programming to scale up HIV prevention services and close the treatment and viral suppression gap among adolescents and children living with HIV.

The Joint Programme assisted the regional Ground UP! Project and the Global Network of Young People Living with HIV (Y+) to conduct a virtual capacity-building session for representatives from seven national youth-led HIV and sexual SRHR networks. Some 300 HIV and SRHR advocacy leaders from across the region attended.

#### *Social justice—human rights, gender and social protection*

SADC, with technical support from the regional Joint Team, developed and launched a gender-responsive oversight model and a SADC model law on GBV to guide national legislation aimed at ending child marriage in the region. Parliamentarians, representatives of human rights institutions, civil society and other stakeholders were mobilized to enhance their understanding of the gender-responsive oversight model and strengthen advocacy for repealing punitive and discriminatory laws.

SASA!, a community mobilization initiative for preventing GBV, was rolled out in 15 districts in Zimbabwe, reaching 30 000 women with GBV information and services. The initiative also reached 50 000 community members in three districts in Uganda, resulting in increased GBV case reporting and increased use of local HIV testing clinics. SASA! Faith, an adaptation of the programme for faith-based communities piloted in Kenya, improved access to HIV testing, couple's counselling and treatment services among women and men. The initiative also contributed to a 59% reduction in reported HIV-related community stigma and discrimination towards women living with HIV. In addition, the Joint Programme supported the HeForShe Alliance to document progress of its programmes aimed at addressing harmful gender norms and practices at community level in Malawi, South Africa, Uganda and Zimbabwe.

Harmful social norms and gender inequalities, coupled with restricted movement and social isolation linked to the COVID-19 pandemic, had especially negative effects on the lives and livelihoods of key populations and women. The regional Joint Team engaged the Pan-African Parliament with a dialogue on the right to health in the time of COVID-19 to advocate for increased health spending. A high-level forum with the Women's Parliamentarian Caucus brought together 110 female members of parliaments who addressed the impact of COVID-19 pandemic on women and girls and agreed on an action-oriented communique.

The Joint Programme mapped HIV-sensitive social protection programmes in 15 countries, an exercise that led to recommendations to make existing social protection programmes HIV-sensitive and support the development of transformative social protection programmes. Other recommendations included using quality data to drive national decision-making and integrating informal social protection systems into current programmes.

#### *Health system strengthening for integrated HIV and health services through efficiency gains in HIV investments*

The Joint Programme provided technical assistance at country and regional levels to strengthen health financing and the integration of HIV services in the region. SADC was supported to complete the SADC Road Map for Sustained Health, HIV and AIDS Response

to fast-track progress towards the 90–90–90 targets, in line with the Universal Health Coverage and the SDGs.

In 2020–2021, the regional Joint Team contributed to the development of a position paper on the status of laws and international agreements in SADC member states to intensify advocacy for increased domestic funding to address SRHR and gender inequalities. The Joint Programme also mobilized US\$ 6 million to guarantee continuity of SRHR services during the COVID-19 pandemic. Advocacy and technical support were provided to ensure that access to essential services and social protection schemes were included in newly funded country projects.

Extensive support was provided to multiple countries in the region to ensure efficient, appropriate inclusion of HIV-related services in health benefit packages and the integration of services for comorbidities. The support included allocative efficiency analysis to improve national and subnational HIV financing, analytic assistance to support countries in service integration via health benefit package design and universal health coverage, and tracking and analysing HIV resource investments. For instance, the Joint Programme provided technical support and guidance to Malawi's National Tuberculosis Programme on the allocation of existing resources for TB and integrated HIV and TB programmes in three districts, which was followed by a rapid decline in TB incidence in those districts. Collaboration with the United States President's Emergency Plan for AIDS Relief (PEPFAR), the George W. Bush Institute and other partners was further strengthened in 12 countries within the Go Further partnership for ending AIDS and cervical cancer in sub-Saharan Africa.

Significant efforts were also made to secure financial commitment and leadership by providing evidence to drive key policy direction and capacities across the region through economic analysis and collective modelling. Of note was the Modelling to Inform HIV Programmes in Sub-Saharan Africa Collaboration, which is aimed at boosting programme impact, for example in Malawi, South Africa and Zimbabwe. In 2021, gaps in HIV data and poor digital reach continued to affect efforts to identify poorly performing programme areas. The scale-up of targeted programmes continued to be hampered by a lack of data that are disaggregated by age, sex, location and population type; insufficient information on access to services; and data gaps on HIV and TB comorbidity and mortality and on access to combination treatment services.

## **Contribution to the integrated SDG agenda**

The Joint Programme supported an external evaluation of the Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents, and Young People in Eastern and Southern Africa (ESA Commitment 2013–2020). The results were used to successfully advocate for the extension of that commitment until 2030. The renewed ESA Ministerial Commitment on Education, Health and Well-being of Adolescents and Young People (2021–2030) brings together four sectors—education, gender, health and youth—in order to accelerate policies and programmes for adolescent SRHR, including CSE and youth-friendly SRH services. The commitment, which has been endorsed by 10 countries, seeks to accelerate reductions in new HIV infections and in early and unintended pregnancies and child marriages. It also promotes gender equality, youth employment and girls' education, thereby contributing to SDGs 3, 4 and 5.

To address the structural barriers facing adolescent girls, young women and key populations, technical support was provided to countries to roll out the Education Plus Initiative in order to strengthen the integration of SRHR and economic empowerment programmes for young people. The regional Joint Team also supported the development and launch of a SADC policy paper on strategies for adopting HIV and SRHR laws and policies that advance the rights of adolescent girls and young women, in line with SDGs 3, 5, 10 and 16.

### **UGANDA – Expanding sexuality education for all and leveraging male engagement**

The Joint Programme provided support to Uganda's HIV response to increase HIV prevention services coverage among youth and address the disparities in men's and women's access to testing and treatment services. For example, the Ministry of Education and Sports was assisted to roll out the National Sexuality Education Framework to guide sexuality education in schools, and the National Curriculum Development Centre was supported to translate the national sexuality education into lower-secondary school curricula and develop implementation guidelines for extracurricular activities.

Working towards achieving gender equality, the Joint Programme also focused efforts on strengthening male engagement in the HIV response. A social and behaviour change communication campaign for male engagement was rolled out in Buganda. Featuring the King of Buganda as UNAIDS Goodwill Ambassador, it focused on accelerating uptake of HIV services, challenging gender-related norms, and conducting advocacy on COVID-19 prevention. An estimated seven million men were reached via the campaign's activities. To sustain the campaign's gains, some 3000 people were identified as champions and sensitized on HIV and COVID-19 prevention, care and treatment, and on ending violence against women and girls.

In collaboration with the Federation of Uganda Employers, the VCT@Work campaign on male engagement reached 12 350 young people (67% of them male) with HIV testing and counselling services at 30 targeted boxing clubs in the Eastern Region and at 12 commercial and manufacturing business enterprises across the country. Four per cent of people tested were seropositive, each of whom was referred for early ART enrolment. Forty boxing coaches and instructors were trained on HIV prevention and interpersonal communication to serve as male champions and promote positive masculinity.



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