

# Eastern and southern Africa regional report

Unified Budget Results and Accountability  
Framework (UBRAF) 2016-2021



The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every receipt, invoice, and bill should be properly filed and indexed for easy retrieval. This not only helps in tracking expenses but also provides a clear audit trail for tax purposes. The document further outlines the various methods used to collect and analyze data, including surveys, interviews, and focus groups. Each method is described in detail, highlighting its strengths and limitations. For example, surveys are useful for gathering quantitative data from a large number of respondents, while interviews provide more in-depth, qualitative insights. The document also addresses the challenges of data collection, such as low response rates and data quality issues, and offers practical solutions to overcome these obstacles. In addition, it discusses the ethical considerations involved in data collection and analysis, ensuring that all participants are treated fairly and their privacy is protected. The final part of the document provides a comprehensive overview of the data analysis process, from cleaning and organizing the data to interpreting the results and drawing conclusions. It includes several examples of data analysis techniques and their applications in various fields, such as marketing, social sciences, and business. The document concludes by emphasizing the importance of continuous learning and staying up-to-date with the latest trends and technologies in data analysis.

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# Achievements

The years 2016–2017 have been a vibrant period of transition and progress for the eastern and southern Africa (ESA) region. Joint work has pushed the 90-90-90 and prevention agenda across all eight strategy result areas (SRAs) and the new business model has been leveraged to strengthen the Regional UN AIDS Team for Eastern and Southern Africa (RATESA) as a results-oriented UN partnership

## **HIV testing and treatment**

The regional joint team promoted roll out and implementation of WHO's 2015 consolidated guidelines on HIV testing services in 14 fast-track countries by the end of 2016, and in all 21 ESA countries in 2017. It led the joint HIV/TB/PMTCT/STI and viral hepatitis programme reviews in Botswana, Lesotho, Swaziland and Zimbabwe that informed new national strategic plans, domestic resource mobilization and proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the United States President's Emergency Plan For AIDS Relief (PEPFAR) Country Operational Plans. It facilitated the 2017 HIV estimates and use of data at national and subnational levels to inform treatment target setting and dissemination through the HIV and AIDS Data Hub.

It advocated for promising practices identified in HIV testing, including interest and acceptability to self-testing and targeted campaigns focusing on high risk groups. It generated evidence on innovative approaches to paediatric testing, which were promoted through family-centred practice, integration in existing maternal, newborn and child health (MNCH) programmes and nutrition platforms, and through point-of-care technologies.

The regional joint team completed an analysis based on data from South Africa's National Health Laboratory Service that demonstrated low viral load suppression in children and helped make the case for improved paediatric treatment. A 90-90-90 situational analysis of innovative service delivery approaches in relation to the HIV treatment cascade in the region was also commissioned. It is currently in phase one.

In 2017, the Horn of Africa faced a serious drought affecting Ethiopia, Somalia and Kenya with an estimated 15 million people in need of emergency food assistance and at catastrophic levels of food insecurity and malnutrition. It was established that PLHIV were potentially at risk in these countries. The UN Joint teams in the three countries worked to ensure inclusion of HIV clients into ongoing emergency programme responses including nutrition and food assistance for malnourished PLHIV. In Kenya, the UN Joint team successfully advocated for inclusion of HIV into the Drought Flash Appeal and helped raise the profile for HIV in the Arid and Semi-Arid Lands (ASAL) with government and humanitarian partners. They further commissioned a rapid assessment on the impact of the drought on HIV and AIDS and the

findings of assessment will be utilized (in 2018) to advocate with all relevant partners at national and county levels to strengthen the HIV response in all the ASAL counties.

In Uganda, developed by ICW-East Africa and supported by UN Women, Socio-cultural and Gender-related Barriers that Affect the Enrollment and Retention of Women and Girls Living with HIV in HIV Prevention, Treatment and Care Services uncovered good practices used by service providers to promote the enrollment and retention of women and girls, including the use of mobile phones, physical visits and follow-up, establishment of youth-friendly services, support groups, counseling, and decentralization of services and group-based care models. There is a need for countries to implement policy and programmatic actions and interventions that address gender-related and other social determinants of access to HIV treatment.

### **Elimination of mother-to-child transmission (eMTCT)**

Programmes to eliminate mother-to-child transmission (eMTCT) and paediatric HIV were informed by a series of regional workshops. These included Option B+ implementation (all pregnant women living with HIV offered life-long ART, regardless of their CD4 count), in August 2016, the follow up of HIV-exposed infants, in February 2017, and the role of community peer support programmes in preventing mother-to-child transmission (PMTCT) in November 2017. Country uptake of new guidance, evidence-driven planning and resource mobilization increased following the first two meetings. Guidance on peer support from the third is due for release.

Technical assistance was provided to 11 countries developing new eMTCT plans. The Regional Validation Secretariat (RVS) on eMTCT was established and is providing technical guidance and support to front-runner countries. The RVS has contributed to consensus building around criteria for the 'path to elimination' for high-burden countries and supported a satellite session at the International Conference on AIDS and STIs in Africa (ICASA).

The Joint Programme engaged in the steering committee meeting of African First Ladies at ICASA, which focused on eMTCT and formulated a new continental campaign, Free to Shine, supported by the UN team and other partners. The super-fast-track framework for ending AIDS among children, adolescent and young women, Start Free Stay Free AIDS Free, was also promoted at regional and country level.

### **HIV prevention among young people**

The Joint Programme promoted revitalizing the prevention agenda. In March 2017, it organized a regional meeting in Zimbabwe for the 15 fast-track countries, to plan target-setting for the UN's five pillars for HIV prevention, including comprehensive programmes focused on young women and adolescent girls and their male partners.

Joint UN prevention assessment (All In) missions were conducted in Lesotho, Malawi, Mozambique, South Africa, Swaziland, Uganda and Zambia. These identified gaps in adolescent programming and resulted in concrete improvements, such as disaggregating data within health management information system in some countries, including adolescents in district HIV technical working groups, and leveraging Global Fund resources for adolescent girls and young women. The impact of cash transfer for young women in Swaziland was also evaluated, and ways to improve implementing the programme identified.

UN Women's Engagement + Empowerment = Equality project, working with the International Planned Parenthood Federation (IPPF), mobilized more than 1000 young women and adolescent girls, including 250 living with HIV, in Malawi, Kenya and Uganda, who helped design and validate the All In assessments.

VMMC 2021, a WHO and UNAIDS framework for voluntary medical male circumcision, was disseminated across the region. Priority directions and country-specific actions to scale up VMMC were developed, focusing on adolescent boys and young men.

The regional joint team supported integrated sexual and reproductive health and rights (SRHR) services, particularly for adolescent girls and young women, through impact evaluations in South Africa on using smart health apps to improve links to care, and in Zimbabwe on efficiency gains with HIV/SRH services.

UN Women together with UNFPA, UNICEF and UNESCO implemented the Joint Programme "Rapariga BIZ" 2017-2020 to support girls and young women in realizing their sexual and reproductive health and rights in 2 provinces of Mozambique. The partners launched a mentorship programme for youth to enhance SRH/HIV knowledge and strengthen access to HIV and other health services. In 2017, 23,518 young women and girls were reached through the mentorship programme and, additional 68,967 young people (10-24) reached by health fairs that offered information on family planning methods, HIV testing and counselling, vaccination and other maternal and child health services. The Joint Programme also ensured 4,963 adolescent girls and young women enrolled/re-enrolled the schools and 1,416 adolescent girls aged 10-19 obtained ID cards.

### **HIV prevention among key populations**

In partnership with the African Sex Workers Alliance, a South-South knowledge exchange was convened to accelerate implementation and effective national management of sex worker programmes in the region.

Financial and technical support was provided for the fourth meeting of the Africa Key Population Experts Group. This resulted in substantive inputs into guidance on using complaints to address health-care violations.

The joint team pushed for the Global HIV Prevention Coalition road map – for achieving global commitments – and accountability mechanism to be put in place. It supported the Southern African Development Community (SADC) and East African Community (EAC) to establish a regional strategy for key populations, build capacity on harmonized target-setting, develop a road map and monitor progress through scorecards via CSOs and community networks. It also mobilized 15 countries to undertake national consultations on HIV prevention, attend the launch of the coalition and develop a 100-day post-launch plan seeking urgent action.

In 2017, the Joint Programme continued to advocate for proportionate funding for key populations through HIV allocative efficiency work in ESA countries. It strove to meet challenges and promote an enabling environment, including a mission to the United Republic of Tanzania to deal with service continuity after the closure of clinics for key populations.

The team led the development of terms of reference for adapting the Connect with Respect curriculum tool to address school-related gender-based violence. In November 2016, MPs from across the region gathered to discuss the landmark ESA Commitment on scaling up comprehensive sexuality education (CSE) and SRH services for young people. At the meeting, hosted by UNESCO, UNFPA with SADC, MPs committed to complementing the work of national ministries on prevention.

### **Gender equality and the empowerment of women and girls**

UN Women, UNDP, UNESCO, UNFPA and the UNAIDS Secretariat continued to promote the SADC programme of action on Commission on the Status of Women (CSW) Resolution 60/2, on women, the girl child and HIV and AIDS, and the Mahé Declaration on the role of parliamentarians in reducing HIV among girls and women. As follow up to the Mahé Declaration, the Joint Team collaborated with the SADC Parliamentary Forum and SADC Secretariat on a Gender Responsive Oversight Model, an instrument designed to monitor the implementation of Resolution 60/2. This GROM will be utilised by all SADC national parliaments.

UN Women, UNFPA, UNDP and the UNAIDS Secretariat and other members of the Joint Team supported and encouraged women's organizations and women living with HIV in seven countries to engage strategically and advocate, which resulted in government-led measures to fund interventions focusing on young women and girls. The RSTIt led joint efforts to develop a male engagement framework and improve men's involvement in PMTCT, which were circulated at two regional meetings and ICASA.

In Uganda and Zimbabwe, UN Women helped to facilitate meaningful engagement of women living with HIV in the design of the Global Fund Concept Notes. This support resulted in the

approved Concept Notes prioritizing programming on adolescent girls and young women and HIV, with a total of \$8 million allocation in Zimbabwe and \$10 million in Uganda.

### **Human rights, stigma and discrimination**

Work with the African Think Tank on HIV, Health and Social Justice promoted constructive engagement in controversial and sensitive matters; for example, helping revitalize the HIV Bill that was adopted in Malawi.

The Joint Programme continued its support of the African Regional Judges' Forum to ensure continuity of rights-based jurisprudence in the context of HIV and AIDS and key and vulnerable populations. This led to a series of evidence-based rights-affirming judgements ruled by members of the forum. It facilitated the development, adoption and launch of the first report on HIV and human rights by the African Commission on Human and Peoples' Rights. The report was disseminated at ICASA and AU.

Working with the SADC Parliamentary Forum and Girls Not Brides, it developed a tool simplifying the process for adopting at country level the SADC law on eradicating child marriage and protecting children already married.

UN Women's work with traditional and community leaders in Malawi resulted in their increased engagement and commitment to preventing HIV among girls and ending child marriage. In 2017, UN Women and other partners have successfully advocated for a groundbreaking amendment of Malawi's Constitution in early 2017 to raise the minimum age of marriage from 15 to 18 years. With UN Women's support, Paramount Chiefs developed a unified by-laws framework to guide implementation and monitoring of the constitutional amendment and 2015 Marriage, Divorce and Family Relations Bill at the community level to eliminate child marriage and prevent HIV among adolescent girls.

A regional analysis of the status of sexual and reproductive rights services for young people living with disabilities was validated by governments and civil society partners from 13 countries and the three regional economic communities, SADC, East African Community and the Intergovernmental Authority on Development (IGAD).

### **Investment and efficiency**

UNAIDS provided extensive technical guidance to support the development and implementation of Global Fund proposals. It published the ESA Sustainable Finance Analysis, for which ground work commenced in 2015. Individual countries will use the analysis to develop action frameworks for minimum implementation of better service delivery, ensuring no one is left behind.



Country level dialogues on developing HIV investment cases were made possible in four countries. HIV prevention strategies or a review of treatment plans and targets were used as the platform to ensure fast-track was integrated in national responses and plans.

The regional joint team completed allocative efficiency studies using Optima in Malawi and Zambia, and an allocative efficiency study and analysis of the HIV care cascade for Johannesburg. A tuberculosis (TB) allocative efficiency study was launched in South Africa.

### **Health-service integration**

With technical guidance from UNAIDS, seven countries developed integrated reproductive, maternal, newborn, child, adolescent health (RMNCAH) strategies, some including nutrition. Work to integrate HIV services, and maintain service continuity, in the El Niño drought response was undertaken. An advocacy paper resulted in PEPFAR resources being generated for this purpose. UNAIDS technical assistance also enabled countries to make 2016 HIV and infant feeding guidance context specific.

WFP, with the Food and Agriculture Organization of the United Nations (FAO), organized the SADC consultative meeting in February 2016 on preparedness and response to the impact of El Niño on agriculture, food and nutrition security in southern Africa. SADC member states agreed to short, medium and long-term measures to mitigate future disasters, with a commitment to HIV services.

UNAIDS, with UNFPA, advocated and provided technical assistance through the Linkages Project for a comprehensive approach to SRHR/HIV in national health and development strategies, plans and budgets. This ongoing guidance helps institutionalize and scale-up integrated SRH and HIV services, and makes good 'people' sense. It also provided 20 health-system strengthening projects, further facilitating access to services through integrating SRHR and HIV. More than 10 social protection projects were supported in the region.

UNAIDS, UNFPA, UNICEF and WHO jointly collaborated on developing a \$45 million regional programme for the period 2018–2021, integrating SRHR and HIV with services for gender-based violence.

# Challenges

Until the armed 521. The joint team as a regional mechanism continues to re-orient itself based on the changing dynamics of the epidemic. The diverse locations of members, however, pose a challenge to effective coordination. Further significant funding cuts have limited the flexibility and ability of some Cosponsors to deliver fully on regional efforts. On a positive note, the uncertainty of future funding has inspired team members to conduct business differently, and in a more coordinated, strategic and effective manner that will contribute to ending AIDS in the region.

Increasingly insufficient resources, combined with poor strategic information, has led to many high-impact HIV prevention programmes not being implemented at the necessary standard or scale, including interventions addressing the structural drivers of HIV among adolescent girls and young women. Gender inequality and legal barriers are acknowledged as contributing to the high risk of HIV among this group, along with limited youth-friendly health services.

Key populations are often marginalized due to punitive legal frameworks and policies that impact on service availability and accessibility. High donor reliance and eliminating mother-to-child transmission in high-burden countries remains unfinished business.

Country ownership of their response, and domestication of the ESA commitment, differs across the region. The quality of comprehensive sexuality education varies, and social attitudes and norms are reflected in implementation levels. There is also a lack of consultation with the regional joint team by global partners, often resulting in unnecessary doubling up and missed opportunities to capitalize on the team's capacity.

# Key future actions

The regional joint team will continue to build its capacity, including aligning workplans around regional priorities and strengthening agency contributions to Joint Programme activities to maximize its comparative advantage. Leveraging resources for priorities and gaps is a key future action.

Its 2018 mechanism maintains four thematic working groups: eMTCT and treatment (UNICEF and WHO); prevention among adolescents, young people and key populations (UNFPA and UNICEF); strategic information (UNAIDS); and social justice (ILO). Cross-cutting by the strategic information and social justice (gender, human rights, social justice) working groups will support the others.

To reach fast-track targets, including 90-90-90, the regional joint team will strengthen national capacities through its technical support. By adopting and expanding well-established, innovative and community-based approaches, countries will improve HIV testing and treatment coverage. It will advocate and provide guidance to maintain momentum towards eliminating mother-to-child transmission of HIV, including through tailored support for pregnant adolescents and young women and improved postnatal retention.

It will work with Regional Economic Communities and CSOs to monitor progress against the Prevention Coalition's road map targets and holding countries accountable, and coordinate programming for key populations at all levels

The high numbers of new infections among adolescent girls and young women will be addressed. Working through a range of partners, including regional bodies, countries will be supported to mobilize and leverage resources, improve prevention and treatment service uptake, and expand integrated gender-responsive HIV combination prevention services and sexuality education in and out of schools.

The Joint Team will provide technical guidance, financial support and South-South learning to further scale up integrated SRH/HIV/SGBV services. It will share good practices on sexuality education implementation and, through review, will assist countries to align their curricula with revised international technical guidance. On human rights, it will advocate for countries to remove legal and social barriers to services, including stigma and discrimination, through the African Think Tank, Amplifiers and Champions, among others

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