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REFERENCE



AMPLIFYING SUCCESSES TOWARDS ENDING AIDS

**Case studies from eastern
and southern Africa**

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Foreword



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The Joint United Nations Programme on HIV/AIDS (UNAIDS) Global AIDS Update 2023 shows that eastern and southern Africa remains the region most heavily affected by HIV, with 20.8 million [17.4 million–24.5 million] people living with HIV—or 53% of all people living with HIV in the world. Women and girls are disproportionately affected, accounting for 64% of the region’s new HIV infections in 2022. In people aged 10–19 years, 85% of new HIV infections are in females.

A lack of adequate, good-quality integrated HIV and sexual and reproductive health and rights services exacerbates new HIV infections. AIDS-related deaths remain high, particularly among men and boys, who present late for treatment owing to harmful social norms around masculinities.

UNAIDS has compiled this set of 10 key success case studies from 5 countries in the region (Angola, Eswatini, Kenya, Malawi, Uganda) that have shown catalytic impact in the areas of HIV, male engagement, gender-based violence, and sexual and reproductive health and rights, and domestic strategies for sustaining resources.

The case studies are a result of collaborative work between the United Nations Joint Team on AIDS and various stakeholders at the country level. The case studies captured in this document were implemented through innovative approaches that delivered targeted interventions with a significant impact at the system, policy or institutional level.

The dissemination of these successful strategies should facilitate south–south learning and knowledge-building in the region. Countries and stakeholders are encouraged to amplify, adapt and sharpen the case studies shared here and many other tested existing successful models to upscale as powerful tools towards achievement of national, regional and global commitments to end AIDS as a public health threat.

Let us continue to generate, capture and share such successes at the country and regional levels and apply them towards ending AIDS by 2030.

Abbreviations

AIDS	acquired immunodeficiency syndrome
CANGO	Coordinating Assembly of Non-Governmental Organisations (Eswatini)
COVID-19	coronavirus disease 2019
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
LGBTQI	lesbian, gay, bisexual, transgender, queer and intersex
NAPHAM	National Association of People Living with HIV/AIDS in Malawi
P4PC	Partnership for Primary Care
PEPFAR	United States President's Emergency Plan for AIDS Relief
PYWV	Positive Young Women Voices
SDGs	Sustainable Development Goals
SMS	short message service
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund

Background

EASTERN AND SOUTHERN AFRICA HAS THE HIGHEST BURDEN OF HIV, WITH AN ESTIMATED 20.8 MILLION PEOPLE LIVING WITH HIV IN 2022—53% OF THE GLOBAL TOTAL. AN ESTIMATED 83% OF THOSE LIVING WITH HIV IN THE REGION ARE ACCESSING TREATMENT.

HIV in the world and in eastern and southern Africa

In 2022, there were an estimated 39.0 million [33.1 million–45.7 million] people living with HIV globally. Of these, 29.8 million (76%) were on lifesaving antiretroviral therapy (1). More than half (53%) of all people living with HIV are female. The HIV pandemic continues to impact key populations more than the general population. In 2022, compared with adults in the general population (aged 15–49 years), HIV prevalence was 11 times higher among gay men and other men who have sex with men, four times higher among sex workers, seven times higher among people who inject drugs, and 14 times higher among transgender people (2).

Eastern and southern Africa has the world's highest burden of HIV, with an estimated 20.8 million [17.4 million–24.5 million] people living with HIV in 2022—or 53% of the global total. An estimated 83% of people living with HIV in eastern and southern Africa are accessing treatment.

HIV and gender

Gender-based violence is one of the drivers of HIV. More than a third (35%) of women around the world have experienced physical or sexual violence by an intimate partner or sexual violence by a non-partner at some point in their lives. Some studies have shown that women are 55% more likely to be living with HIV if they have experienced intimate partner violence (3).

In sub-Saharan Africa, women and girls accounted for 63% of all new HIV infections in 2022. Six in seven new HIV infections among adolescents aged 15–19 years are among girls. Young women aged 15–24 years are twice as likely as their male peers to be living with HIV. Globally, 3900 adolescent girls and young women aged 15–24 years became infected with HIV every week in 2022 (2).

The eastern and southern Africa region has high rates of sexual violence against women and girls. In 7 countries in the region, around 20% of women and girls aged 15–24 years reported they had experienced sexual violence from an intimate partner. Sexual violence against adolescent girls aged 15 years and under is highest in the conflict and post-conflict countries of the Democratic Republic of the Congo, Mozambique, Uganda and Zimbabwe (4). There were 3100 new HIV infections among adolescent girls and young women (aged 15–24 years) every week in 2022 in sub-Saharan Africa (5).

THE GLOBAL AIDS STRATEGY 2021–2026 IS A BOLD NEW APPROACH TOWARDS ENDING AIDS, USING AN INEQUALITIES LENS TO CLOSE THE GAPS AND ACCELERATE PROGRESS. THE STRATEGY AIMS TO REDUCE THE INEQUALITIES THAT DRIVE THE AIDS EPIDEMIC AND PRIORITIZE PEOPLE WHO ARE NOT ACCESSING LIFESAVING HIV SERVICES.

Investment in the HIV response

At the end of 2022, US\$ 20.8 billion was available for the HIV response in low- and middle-income countries. Around 60% was from domestic sources (1). The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that by 2025, US\$ 29 billion will be required for the HIV response in low- and middle-income countries, including countries formerly considered to be high-income countries, to get on track to end AIDS as a global public health threat.

Addressing HIV: Global AIDS Strategy 2021–2026

The Global AIDS Strategy 2021–2026 is a bold new approach towards ending AIDS, using an inequalities lens to close the gaps and accelerate progress (6). The Strategy aims to reduce the inequalities that drive the AIDS epidemic and prioritize people who are not accessing lifesaving HIV services.

The Strategy was adopted in March 2021 by the UNAIDS Programme Coordinating Board during the Decade of Action to accelerate progress towards the Sustainable Development Goals (SDGs). The Strategy makes explicit contributions to advance goals and targets across the SDGs. It was developed by the UNAIDS Secretariat and its 11 Cosponsors, in consultation with more than 10 000 stakeholders across 160 countries.

The Strategy stresses that stakeholders across the HIV response must do more to ensure their actions are strategic, smart and focused on outcomes. It prioritizes urgent implementation and scale-up of evidence-based tools, strategies and approaches.

Against the backdrop of the Global AIDS Strategy, UNAIDS in the eastern and southern Africa region prioritized documenting successful case studies and sharing them as part of knowledge management. Peer-to-peer learning is especially critical between countries that share similar epidemiological, socioeconomic, cultural and political contexts, such as most of the countries in the eastern and southern Africa region. Publications such as this contribute to this goal.

Addressing HIV: Fast-Track Cities initiative

One of the initiatives to harness the catalytic role of cities in the HIV response is the Fast-Track Cities initiative, which was launched in 2014 when mayors from 26 global cities met and endorsed the Paris Declaration on Fast-Track Cities Ending the AIDS Epidemic.

The Paris Declaration aims to galvanize cities to address disparities in access to health and social services, and to contribute towards achieving global HIV targets, including the goal of ending AIDS as a public health threat by 2030. This is achieved through specific city-wide HIV strategic plans, creating enabling environments, collecting and using key information, building capacity of stakeholders, and using innovation to strengthen service delivery and uptake.

Nairobi, Kenya is one of the Fast-Track Cities whose key successes are highlighted in this publication.

Overview of the success cases

The following case studies from five eastern and southern African countries (Angola, Eswatini, Kenya, Malawi, Uganda) are highlighted in this compendium:

- ▶ “The law defends my right to be who I am”: decriminalization of same-sex relationships in Angola—a landmark success of advocacy creating a more enabling environment for addressing HIV.
- ▶ “A grant to organize the house”: an innovative, subnational approach to ensuring impact from investment by the Global Fund to Fight AIDS, Tuberculosis and Malaria in Angola.
- ▶ Young people taking charge of their health: scaling up HIV prevention for adolescents and young people in Eswatini through a holistic programme.
- ▶ On the Fast-Track to youth-friendly services: scaling up integrated HIV services in informal settlements in Nairobi.
- ▶ Tapping the potential of public–private partnerships for primary health care in Kenya: the SDG Partnership Platform.
- ▶ It Ends With Us: addressing the drivers of violence against women and girls in Nairobi.
- ▶ Connecting during crisis: maintaining health of people living with HIV in Malawi during COVID-19.
- ▶ Harnessing traditional leadership to increase uptake of HIV services by men and boys in Uganda.
- ▶ Living with disabilities, living with HIV, female... and empowered: using social protection to address gender-based violence for women and girls with disabilities and HIV in Uganda.
- ▶ A pathway to sustain the HIV response: HIV mainstreaming as an innovative solution to increase sustainable domestic funding for HIV in Uganda.



Methodology

The UNAIDS Regional Knowledge Management Team, represented by the Regional Support Team and country focal staff, designed the tools and methodology to identify successful cases. A tool was developed for preliminary collection of cases using seven key criteria agreed by the team.

Countries were given a month to identify cases using these criteria. A total of 14 cases were received. A technical review panel (comprising three UNAIDS staff members—one UNAIDS Regional Programme Adviser, one UNAIDS country office Strategic Information Adviser and one UNAIDS country office Programme Officer), reviewed the cases for eligibility. Following review, the technical review panel recommended 12 cases for use.

The following criteria were used to select the cases:

- ▶ The intervention has changed the lives of people, a policy or a legal barrier as an outcome (e.g. uptake of HIV, sexual and reproductive health and rights or sexual and gender-based violence services; improved health, economic or social status).
- ▶ Exceptional or innovative measures were implemented to achieve the results or change people's lives.
- ▶ The intervention engaged the target populations from planning through to implementation, and ensured continued ownership.
- ▶ The programme results are clearly measurable and maintained at least for the past 3 years.
- ▶ The actions are replicable to another country in Africa.
- ▶ All the relevant partners, including implementing and funding partners, agreed to document the case.
- ▶ The case has not been documented by any other partner and has not been published.

UNAIDS country offices were key in selecting the cases. They applied their knowledge to identify cases that met the criteria. The cases chosen display significant changes in countries that directly impact on changes in policy, fiscal shifts in funding, service delivery transformation towards more equitable access, multisectoral partnerships for achieving objectives, harnessing traditional leadership, shifting gender norms, reducing stigma, increasing health-seeking behaviour, enabling economic autonomy, and advances in the use of technology.

The UNAIDS country focal staff provided details of partners to be contacted for data collection.

UNAIDS submitted 12 selected cases to the consulting company. The company contacted relevant partners for data collection. The company found that it was too early for two cases to be documented, so 10 cases were chosen. For these cases, all available qualitative and quantitative secondary data were reviewed before qualitative primary data were collected, through mostly virtual focus group discussions and interviews.

Information was collected from project implementing partners, project beneficiaries (where applicable), and key United Nations and government informants. UNAIDS country focal staff identified relevant participants and assisted in coordinating the gathering of the data. Project implementers were instrumental in mobilizing beneficiaries to add their voice, experiences and insights.

Semi-structured interview guides were used when engaging with participants (Annex 1). Secondary data sourced from participants, UNAIDS focal points and online searches were triangulated for some questions. The documents included policy and guideline documents, project proposals, strategy documents, project reports (published and unpublished, including evaluation reports and workshop reports), media articles, monitoring data and online posts.

Each case was presented in a standard format: background and context, overview of the intervention, success achieved, summary of key factors that contributed to this success, and recommendations and lessons learnt.

Relevant country partners and UNAIDS country focal staff reviewed several versions and validated the final report. The report was cleared by the respective UNAIDS country directors for publication.

Limitations

Due to COVID restrictions, most of the engagement was virtual. This allowed many participants from different areas to join, but there were limitations with poor internet connections, power cuts and audio problems. Because the cases are complex and involve many stakeholders, validation of the final documentation was necessary. This was a challenging process, with diverse and sometimes conflicting thoughts about what should be included in short case studies attempting to summarize complex interventions.



Angola

CASE 1.

“The law defends my right to be who I am”: decriminalization of same-sex relationships in Angola—a landmark success of advocacy creating a more enabling environment for addressing HIV

CASE 2.

“A grant to organise the house”: an innovative, subnational approach to ensuring impact from investment by the Global Fund in Angola

Decriminalisation of Homosexuality
The law defends my right to be who I am



CASE 1:

“The law defends my right to be who I am”: decriminalization of same-sex relationships in Angola—a landmark success of advocacy creating a more enabling environment for addressing HIV

A landmark success of advocacy creating a more enabling environment for addressing HIV.

THE
CRIMINALIZATION
OF HOMOSEXUALITY
INCREASES HIV
VULNERABILITY
BY FUELLING
STIGMA AND
DISCRIMINATION.

Introduction

Although legislation that criminalizes same-sex relationships has been repealed by a significant number of countries, more than half (56%) of the countries still consider same-sex relationships a crime (7).

The criminalization of homosexuality increases HIV vulnerability by fuelling stigma and discrimination. Country data reported to UNAIDS show that a high percentage of people from key populations avoid accessing health-care services due to stigma or discrimination. At least one in three reporting countries stated that more than 10% of respondents avoided accessing health care for this reason (1).

Removing laws that harm—including laws that criminalize sex work, same-sex relationships, and the use or possession of drugs for personal use—is a major pillar of the Global AIDS Strategy 2021–2026. Result area 5 of the Strategy commits to ensuring “people living with HIV, key populations and people at risk of HIV enjoy human rights, equality and dignity, free of stigma and discrimination”.

In Angola, same-sex relationships were criminalized until 2021. Repercussions of this law placed restrictions on the legal status of lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) organizations, which hampered access to health and rights among the community.

The Intervention

The UNAIDS Country Office in Angola provided technical support to civil society networks, including Iris Angola (a local LGBTQI advocacy group), and other stakeholders towards changing Angola’s penal code to decriminalize same-sex relationships.

The technical support focused on strengthening the capacity of civil society organizations to use evidence to inform rights-based advocacy that could lead to a conducive environment for the HIV response. UNAIDS also continuously advocated for removing such legal barriers and leveraged its convening power to support Iris and facilitated access to Government decision-makers.

As a result of concerted advocacy, in 2017 Angola began the process of reviewing and amending its penal code. The colonial era penal code criminalized “vices against nature”, which has been used to ban same-sex relationships. The law reform process provided a window of opportunity to intensify advocacy for the decriminalization of homosexuality.

LGBTQI activists and their supporters at national, regional and global levels mobilized to engage in lobbying and advocacy with decision-makers. At the national level, Iris Angola and the Angolan Network of AIDS Service Organisations played a leading role in this advocacy.

THE NEWS OF THE CHANGE TO ANGOLA'S ANTI-HOMOSEXUALITY LAW WAS APPLAUDED AROUND THE WORLD. ANGOLA'S CHANGE IN THE PENAL CODE IS REMARKABLE NOT ONLY FOR DECRIMINALIZING HOMOSEXUAL ACTS BUT ALSO FOR PROACTIVELY CRIMINALIZING DISCRIMINATION AGAINST HOMOSEXUAL ACTS.

The Secretary of State for the Ministry of Justice and Human Rights was a key ally within the Angolan Government and was supportive of the decriminalization of homosexuality and the protection of the human rights of LGBTQI people. She was instrumental in creating opportunities for the LGBTQI community and supporters to engage with parliamentarians.

Activists developed an argument that leveraged the human rights protections provided by Angola's constitution. The activist team made a conscious choice not to engage in widespread public consultation because of the traditionally negative attitudes towards homosexuality that are still pervasive in Angola. A member of Iris Angola explained:

"We implemented advocacy activities targeting people and specific Government ministries. We targeted decision-makers. We did not take the issue to a public debate because our society suffers greatly from cultural prejudices. It would not have worked. We targeted decision-makers and highlighted that we had the same rights enshrined in the Angolan constitution that establishes that people are equal before the law regardless of their religion, race, age and culture. The Angolan constitution protects every Angolan. So, we asked how it was that there is a law that takes our rights away based on our sexual orientation."

An indication of the changes under way within the Angolan Government came in June 2018, when Iris Angola was finally able to register as a nongovernmental organization, which it had been attempting to do without success for some time.

On 23 January 2019, the National Assembly voted 155 to 1 to endorse the new penal code, which eliminated the "vices against nature" provision. The Angolan Parliament endorsed decriminalization of same-sex relationships, and the new Penal Code (Article 214(1)) makes discrimination against people based on sexual orientation an offence, with punishment of up to 2 years in prison. In this new era, it is homophobia, not homosexual acts, that will be punished.

The news of the change to Angola's anti-homosexuality law was applauded around the world. Angola's change in the penal code is remarkable not only for decriminalizing homosexual acts but also for proactively criminalizing discrimination against homosexual acts.

According to UNAIDS Angola Country Director, Michel Kouakou, the Angolan law provides an excellent model for other Southern African Development Community countries to follow. Such progress indicates a good move towards rights-based programming and the delivery of friendly HIV services to people from key and vulnerable populations, which will in turn contribute to the country meeting the global goal to end AIDS as a public health threat by 2030.

The change to Angola's penal code is a major step in the right direction, but the victory must be seen in the context of a culture that remains broadly antagonistic towards the LGBTQI community and LGBTQI rights. A member of Iris Angola said:

"It is an honour for us to have the law because I know that I have the freedom to be who I am because the law defends my right to be who I am. It allows me to be free in a public space side by side with my boyfriend knowing that the law defends me... [However,] the barriers are still the same now as they were then. The only difference is now there is a law that protects, and should I feel discriminated against, I have the law to defend me, and I can report the discrimination."

Results

The concerted efforts of all the stakeholders and strong advocacy was ultimately successful. As of February 2021, Angola no longer criminalizes same-sex sexual relationships. The new penal code will help enable Angola to conduct a more accurate population size estimate for gay men and other men who have sex with men, generating better data with which to budget and plan for HIV interventions aiming at improving service access and lead to better HIV and health outcomes. This legal environment will also enable better estimation of the population size by adapting the UNAIDS and World Health Organization (WHO) method (8).

The new penal code is expected to catalyse a significant boost towards achieving the 95–95–95 targets in Angola. In countries where same-sex sexual acts are not criminalized, the portion of people living with HIV who know their HIV-positive status is 11% higher and viral suppression levels 8% higher (9). In Angola, only 58% of people living with HIV know their HIV-positive status—the new law may change this.

Success factors



Champions within political leadership played a key role

Having a champion for LGBTQI rights in the Secretary of State for the Ministry of Justice and Human Rights paved the way for the landmark success. This was enhanced by the change in political leadership that took place in September 2017, with Angola's new President João Lourenço showing willingness to engage in more inclusive politics, regardless of whether or not the issues had popular support. Political buy-in was a key enabler for human rights advocacy work in the country.



Strategic partnerships were key

The UNAIDS and United Nations Development Programme (UNDP) country offices in Angola were strategic partners for Iris Angola, and for civil society in general. They provided support by building the capacity of civil society organizations to use evidence to inform rights-based advocacy towards a conducive environment for the HIV response. Partnerships in the advocacy drive proved to be essential because it meant there was a bigger voice from civil society in general rather than only one LGBTQI association.

Iris Angola Director said the partnership between the organization and UNAIDS and UNDP enabled Iris Angola to engage with the attorney general, judges, people in charge in the Interior Ministry, and the 7th and 11th Parliamentary Commissions”.

UNAIDS also provided training and technical support and opened access for Iris Angola an important space. Iris Angola Director said:

“... another important aspect that we had through UNAIDS was creating space for civil society organizations, which was quite incredible. We were together in meetings at the United States Embassy or at the Belgian Embassy. The UNAIDS Country Director Dr Michel and his team were very supportive in this journey. UNAIDS also advocated for the inclusion of the civil society at any opportunity of meetings with high-level officials, where we were provided a space for speaking our issues. I think this had a very important impact at the community level.”



Recommendations

- ▶ Countries should invest in civil society capacity-building for advocacy to create an enabling environment for people from key populations. This leads to better programme planning and higher achievement towards the 95–95–95 targets.
- ▶ Making a conscious choice to adapt a locally acceptable strategy rather than having a public debate and consultation can help to achieve the objective in an uncontroversial way. This approach focused on legal aspects with the targeted advocacy audience.
- ▶ Bring the right stakeholders into one agenda when the agenda is contentious and needs concerted efforts to make an impact.

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“A grant to organize the house”: an innovative, subnational approach to ensuring impact from investment by the Global Fund in Angola

WITH THE SUPPORT OF UNAIDS, ANGOLA OVERHAULED ITS GLOBAL FUND GRANT ARCHITECTURE, DESIGNING A NEW COMPREHENSIVE PACKAGE OF SERVICES FOR HIV, TB AND MALARIA, AND CORRESPONDING INTERVENTIONS FOR RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH, TO BE IMPLEMENTED IN SELECTED PROVINCES.

Introduction

In February 2020, the Global Fund Office of the Inspector General released a report on the Global Fund grant performance in Angola and concluded that grants were performing poorly (10). The report noted that the Global Fund had cumulatively invested around \$US 300 million in Angola since 2004—but those investments, combined with investments from the Angolan Government and other partners, had limited impact on the country’s HIV response, with most programmatic impact indicators consistently heading in the wrong direction. The number of AIDS-related deaths in Angola had increased by 29%, in contrast to a global decline of 34%.

The Office of the Inspector General attributed the poor performance and limited impact of the grants to a range of weaknesses, including lack of sufficient Government prioritization for the programmes, limited access and coverage of health services, weak community engagement, lack of programme coordination, and poor strategy formulation. The report concluded these systemic issues could be addressed only through a comprehensive overhaul of Global Fund grants in Angola to attain increased impact.

Based on the findings from the Office of the Inspector General report, the Global Fund engaged the highest level of Angolan Government leadership and reached an agreement to take a bold new approach in the coming grant cycle. The country would pursue a more highly targeted geographical approach and prioritized set of interventions, supported by strengthened engagement with relevant and appropriate subnational actors, including provincial departments.

The intervention

To operationalize this new approach, Angola requested technical support from UNAIDS in 2020 to help conceptualize and draft the Global Fund funding request. UNAIDS supplied an international lead consultant, an HIV programme specialist, and a national programme consultant. With this support, Angola overhauled its Global Fund grant architecture, designing a new comprehensive package of services for HIV, tuberculosis (TB) and malaria, and corresponding interventions for resilient and sustainable systems for health, to be implemented in selected provinces.

BECAUSE OF THE NOVELTY OF THE SUBNATIONAL APPROACH, IT WAS ESSENTIAL TO CONSULT WIDELY AND CONTINUOUSLY WITH KEY STAKEHOLDERS SO THEY COULD UNDERSTAND AND SUPPORT THE NEW APPROACH.

The new approach focused on using the available grant allocation to achieve high coverage and high impact in selected provinces, through saturating those provinces with technical and financial support. The provinces were selected based on a range of factors, including burden of disease, sizes of key populations, presence of other partners (especially the United States President's Emergency Plan for AIDS Relief, PEPFAR), and operational factors such as the distance from the capital city Luanda.

A subnational approach has been implemented by the Global Fund in other countries, including Nigeria and Pakistan. In these countries, however, there was funding for national structures in addition to selected provinces. Angola is the first country where the grant has largely skipped the national level and is focused solely on the subnational level.

Because of the novelty of the subnational approach, it was essential to consult widely and continuously with key stakeholders so they could understand and support the new approach. Stakeholders included national and provincial governments, the National Institute for the Fight Against AIDS, UNDP as the principal recipient, and other donors, particularly PEPFAR and the United States President's Malaria Initiative.

In addition to consulting externally, the Global Fund country team engaged extensively within the Global Fund to build acceptance of the new approach. The Technical Review Panel is normally only engaged in reviewing funding requests once they have been finalized and submitted by country coordinating mechanisms. In this case, the Technical Review Panel was briefed at an early stage so it could understand that Angola was not going to be submitting a typical funding request. The Technical Review Panel endorsed the new approach and eventually approved the funding request for an allocation of US\$ 82 600 349, representing an increase of 56% from the previous grant.

The approved grant provided support for two provinces (Benguela, Cuanza Sul) as part of the main funding request, and two additional provinces for the prioritized above allocation request. Grant implementation started in two provinces in July 2021. As of December 2021, discussions were under way regarding the prioritized above allocation request provinces.

Although 3 years is a short period of time to address multiple intersecting challenges to combat the three diseases in the selected provinces, partners are working hard to lay the foundations for improved performance. Significant efforts are being invested in training, mentorship, development and strengthening of systems and tools, and close monitoring of activities.

A UNDP representative said: *"We do not know what will happen at the end of 3 years. I try to see this grant as a grant to organize the house... We hope the country will be better able to respond, mobilize and absorb funds, with better ownership of responses at the provincial level. It can be sustainable if it lays the foundation."*

Results

The new targeted subnational approach of Angola's Global Fund grant improved the efficiency of the HIV response in the country. Global modelling suggests an additional 7.4 million new HIV infections could be averted, representing a 26% reduction in incidence, if existing HIV resources were allocated more optimally (11). Optimal allocation includes targeting HIV resources towards the most cost-effective mix of programmes in the right locations, as Angola has now done.

Success factors

✓ Bold, evidence-based decision-making is needed when there is no impact

Sometimes it is necessary to make difficult decisions and take bold action if evidence shows funding is failing to have the necessary impact, or there is a lack of evidence that funding is having an impact. Following the collective acknowledgement that “business as usual” had not yielded any improvement in the status of the three diseases, it was necessary for the Angolan National Coordination Mechanism to propose a creative new approach that had not been tried before.

✓ Close monitoring is needed for new approaches and structures

In addition to the targeted subnational approach, the implementation arrangements of the Global Fund grant in Angola were streamlined to national needs. The Global Fund, in consultation with the National Coordination Mechanism enhanced coordination, monitoring and oversight of the programme by reducing the number of principal recipients from three to one. This was deemed a more efficient implementation arrangement for the new structure of the grant.

✓ Investing in collection and use of data is critical

A significant barrier for impact in the Angolan context was and still is the weakness of data collection and monitoring systems. The Office of the Inspector General report found significant inaccuracies in data reported by health facilities, with both under- and overreporting, inadequate data-collection tools and processes, and insufficient monitoring and evaluation personnel. Unreliable data make it very challenging to track and follow up clients, to accurately procure commodities, and to evaluate whether grants are achieving the desired impact.

The scarcity of reliable data was a challenge during the funding request development. Existing data were old—for example, the most recent HIV data for the country were from 2015. The lack of data was especially pronounced at the provincial level. For the Global Fund investment in Angola to be impactful and sustainable, one of the high-priority actions in the new subnational grant was to support the strengthening of routine data collection and surveillance systems. Such systems are vital in any intervention.



Recommendations

- ▶ Countries should make bold decisions to course-correct where programmes are not having the desired results.
 - ▶ Technical support can be requested to help reconceptualize programmes towards greater focus and impact.
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eSwatini

CASE 3.

Young people taking charge of their health: scaling up HIV prevention for adolescents and young people in Eswatini through a holistic programme



Young Heroes

Young Heroes Community Facilitator
and Young Heroes Stepping Stone
beneficiary

Young people taking charge of their health: scaling up HIV prevention for adolescents and young people in Eswatini through a holistic programme

IN 2020, ONE THIRD OF YOUNG PEOPLE IN ESWATINI AGED 15-24 YEARS WERE UNAWARE OF THEIR HIV-POSITIVE STATUS. ONLY HALF OF THOSE WHO KNOW THEIR STATUS WERE ON ANTIRETROVIRAL THERAPY, AND HALF HAD SUPPRESSED VIRAL LOADS.

Introduction

Although Eswatini has one of the highest HIV prevalence rates in the world, engaged political will and coordinated work with partnerships such as the Global Fund and other stakeholders have seen Eswatini reaching the 95–95–95 global HIV target sets for 2030.

Available HIV-related data for young people, however, shows there is work to be done to reach this population group with HIV prevention, testing and treatment efforts.

Low HIV knowledge among young people drives new infections and hampers progress towards the 95–95–95 targets for this population. Only half (50%) of young people aged 15–24 years in Eswatini have accurate knowledge of HIV (2).

Eswatini's National Multisectoral HIV and AIDS Strategic Framework 2018–2023 and the 2017 HIV investment case both recognize the need to prioritize young people, especially young women, in the HIV response.

In 2019, Eswatini funded 54% of its treatment response through domestic investment. For HIV prevention, however, including among young people, 99.5% is funded by international donors, primarily the Global Fund and PEPFAR.

The intervention

Eswatini embraced the Steppingstones approach as a national HIV prevention programme for adolescents and young people. Steppingstones is an evidence-based behaviour change programme that aims to shift social norms relating to gender, sexuality and HIV, and to strengthen communication and relationship skills. Since it was first developed and rolled out in Uganda in 1994, Steppingstones has been implemented all over the world and has been revised and adapted for different populations.

From 2016 to 2018, with support from the Global Fund, the principal recipient, the Coordinating Assembly of Non-Governmental Organisations (CANGO), implemented the Steppingstones programme and reached 22 923 out-of-school adolescents and youth aged 10–24 years in 20 communities in Eswatini.

The programme targeted only adolescents and youth who were not in employment, education or training, a subpopulation with increased vulnerability to HIV. Participants in the programme attend group sessions and are linked to a package of services, including HIV testing, educational subsidies, economic empowerment interventions, screening for sexually transmitted infections, and pre-exposure prophylaxis.

In 2019, the programme was formally evaluated, with technical support from UNAIDS (12). The evaluation showed encouraging outcomes. Compared with national survey data, Steppingstones participants exhibited dramatically higher HIV prevention knowledge (74% versus 49%) and uptake of HIV testing (87% versus 63%), and above-average use of condoms (69% versus 63%) and contraception (80% versus 68%). Steppingstones graduates demonstrated greater confidence to take care of their sexual and reproductive health and reported more gender-equitable and non-stigmatizing attitudes. Effects were found to be sustained up to 3 years after the intervention.

The evaluation recommended that the Global Fund maintain or increase investments in the Steppingstones approach to HIV prevention for adolescents and young people in Eswatini.

Results

The Steppingstones programme accelerated progress towards achieving national HIV targets. The evaluation estimated that the Steppingstones programme helped increase the proportion of the national testing gap in young people that was closed by 50%. Steppingstones helped diagnose HIV in 1681 females and 418 males who previously did not know their HIV-positive status, closing 12% of the total national testing gap (all ages); this figure would have been only 8% without the intervention. The evaluation estimated that the Steppingstones programme helped 1174 young women living with HIV to access and use modern contraception; this figure would be 15% lower without the intervention.

The evaluation of the Steppingstones programme, supported by UNAIDS, helped rationalize a significant increase in funding for adolescent girls and young women in the current Global Fund grant, including the Steppingstones approach. According to Eswatini's August 2020 funding request, the Global Fund resource allocation for adolescent girls and young women increased by 29%—from US\$ 3 035 430 in the 2017–2019 allocation period to US\$ 3 900 928 in the 2020–2022 period. The Steppingstones evaluation is referenced in the funding request as part of the rationale for this increased investment.



Success factors

✓ Gender-transformative approaches engaging boys and girls proven to be successful

A key success factor of the Steppingstones approach in Eswatini is the fact that the programme included boys and girls, unlike other programmes that target only girls. The approach was better able to raise consciousness about the harmful gender norms that drive HIV risk. In particular, the joint sessions between boys and girls were reported as “revelatory”, with boys reporting they had never known how girls were thinking and feeling before being part of these sessions. The joint sessions reportedly helped both groups to learn about differences between boys and girls.

The sexually transmitted infections focal point at the National Emergency Response Council on HIV and AIDS reported: *“The way Steppingstones is delivered, there is no way a person can be the same after going through the modules.”*

✓ Co-creation with young people enabled success

Buy-in from young people was key to the success of the approach, particularly as young people were involved in conceptualizing, planning and implementing the programme themselves. For example, in the development of the most recent funding request to the Global Fund, UNAIDS, the United Nations Children’s Fund and the United Nations Population Fund (UNFPA) supported countrywide consultations with young people about their issues and needs.

✓ Evidence- and data-informed programme plans were effective

The 2019 evaluation provided clear evidence of the programme’s effectiveness. The results enabled stakeholders to gain support for continuing Steppingstones in the subsequent Global Fund grant round. Support was additionally generated by the decision to disseminate the results widely through many meetings and consultations, and an abstract to the International Conference on AIDS and Sexually Transmitted Infections in Africa. The evaluation also informed how the programme could be improved further. The investment in comprehensive monitoring and evaluation and learning was a sound decision.

✓ Collaborating with and involving stakeholders at all levels was essential

Partnerships optimized the outcomes and scale-up of Steppingstones. In Eswatini, coordination was required at tinkhundla level between the departments of local government, health, youth and education. The Ministry of Tinkhundla and Administration was particularly instrumental in linking the programme to a number of resources and opportunities, which enhanced outcomes for participants—for example, by supporting enterprise development and linking Steppingstones graduates to job opportunities.

Engagement with community leaders, parents and caregivers was essential as it strengthened support for, and decreased resistance to, Steppingstones.

Importantly, the programme was implemented by trusted community organizations. These organizations recruited peer supporters from within the communities to facilitate the Steppingstones groups. Because these peer supporters were based in the communities where group members lived, their roles did not end with facilitating group sessions, and they came to act as important resources for young people in the community,



Economic empowerment was a key incentive for participant commitment to the programme and outcomes

The promise of knowledge alone was not enough to incentivize young people to enrol in and commit to the programme. Economic empowerment incentives proved to be key to attracting young people who were unemployed or not in education or training. The incentives offered by the programme that were success factors for participant commitment included opportunities to go back to school, vocational training, and assistance to start small businesses. These socioeconomic interventions strengthened retention and sustained long-term behavioural outcomes.



COVID-19 adaptations were needed

When COVID-19 restrictions were implemented in Eswatini in 2020, the Steppingstones programme had to pivot to virtual service delivery of both the group and individual programme elements. Encouragingly, the programme was able to continue online, although the level of interaction and engagement was not the same. Not all participants had access to devices, but communication challenges were mitigated by facilitators living in the participants' communities and being able to reach them physically for communication purposes.



Recommendations

- ▶ Countries should prioritize investment in evidence-based, gender-transformative HIV prevention programmes for young people such as Steppingstones.
- ▶ Rigorously evaluating such programmes is encouraged and can help justify further investment and scale-up.

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Kenya

CASE 4.

On the fast track to youth-friendly services: scaling up integrated HIV services in Nairobi's informal settlements

CASE 5.

Tapping the potential of public-private partnerships for primary health care in Kenya: the SDG Partnership Platform

CASE 6.

It Ends With Us: addressing the drivers of violence against women and girls in Nairobi

Track to youth friendly services
Scaling up integrated HIV services in
Nairobi informal settlement



On the Fast-Track to youth-friendly services: scaling up integrated HIV services in informal settlements in Nairobi

THE FAST-TRACK CITIES INITIATIVE RECOGNIZES THE IMPORTANCE OF ENDING AIDS IN CITIES TOWARDS ENDING AIDS AS A PUBLIC HEALTH THREAT BY 2030.

Introduction

There are 1.4 million [1.2 million–1.6 million] people living with HIV in Kenya (2), with 120 000 of these (9%) in Nairobi County. An estimated 25% of new infections in Nairobi County occur in adolescents and young people.

The risk of contracting HIV and TB is usually higher in urban areas because of urban dynamics such as social networking, migration, unemployment, and social and economic inequalities. The Fast-Track Cities initiative recognizes the importance of ending AIDS in cities towards ending AIDS as a public health threat by 2030. This initiative has been instrumental in helping to get HIV self-test kits on the shelves in supermarkets, promoting prevention of mother-to-child transmission, supporting a methadone programme for people who use drugs, integrating health services for people from key populations, and championing the gender agenda to support women's rights.

One of the challenges identified in Nairobi County was the low access of youth and people from key populations to HIV support and services. Many young people did not disclose their HIV status in relationships, and condom use was low. As a result, HIV incidence was high. Stigma towards people living with HIV and people from key populations, and negative cultural attitudes regarding young peoples' sexuality, fuelled the challenge.

Young people and people from key populations tended to avoid clinics for fear of judgement or breaches in confidentiality. A participant in a focus group with young people who had accessed services through the programme said:

"Some of the staff at health centres were our family or neighbours, so knowing you were HIV-positive, or a sex worker would subject you to being called evil and everyone wanting to pray for you."

Health-care workers spoke about their lack of knowledge about how to help sex workers or LGBTQI people. They also reported lacking skills in communicating with adolescents in an effective way.

The intervention

The Fast-Track Cities project in Nairobi aimed to enhance the uptake of HIV services for adolescents, youth and people from key populations. The project consisted of a multipronged approach to engage a wide range of stakeholders—including adolescents, health-care providers, community health volunteers, schoolteachers and parents—to create a safer environment for young people and people from key populations living with or affected by HIV to seek the help they need. The intervention focused on four high-burden sub-counties of Nairobi: Embakasi East, Kamukunji, Langata and Ruraka.

“THE MOST SIGNIFICANT CHANGE HAS BEEN IN MENTALITY AND THE AWARENESS THAT KEY POPULATIONS ARE AMONG THE COMMUNITIES THAT WE ARE SERVING AND THEY DESERVE ACCESS TO SERVICES LIKE EVERYONE ELSE—ESPECIALLY GIVEN THE ADDED VULNERABILITY OF SOME OF THEM BEING ORPHANS.”

Components of the project included the following:

- ▶ Health-care providers were trained in provision of adolescent- and youth-friendly integrated services and key population-friendly services, with a focus on prevention, sexual and reproductive health and rights, and treatment literacy.
- ▶ Workshops and retreats were held to bring together health-care providers, young people and people from key populations so that health-care providers could listen to their experiences and gain a greater understanding of their needs when accessing health care.
- ▶ Key population- and youth-friendly services were integrated into public and faith-based health facilities. These services were non-judgemental and intentionally reduced barriers to access health services. For example, adolescent, youth and key population desks were established at various facilities to support care services. Fast-tracking of services for adolescents, especially teenage mothers, was established at clinics. Psychosocial support, especially for survivors of sexual and gender-based violence, was enhanced.
- ▶ A cohort of youth champions were trained in HIV and sexual and reproductive health. Through a peer education approach, the youth champions reached out to other young people to share information on HIV, distribute condoms, and refer them to youth-friendly services.
- ▶ Schoolteachers were trained in sexual and reproductive health and rights for adolescents and youth.
- ▶ Dialogues were established between young people and parents on teenage pregnancy, mental health, and use of drugs and other substances.

The project has resulted in health facilities in the four sub-counties becoming much safer spaces for young people and people from key populations to access services in a safe, discreet and dignified way. HIV-related stigma experienced by adolescents, youth and key populations has been noticeably reduced. For instance, the “HIV” labels on the doors and counters at health-care facilities, which people living with HIV felt were stigmatizing, have been removed.

Health-care workers felt their attitudinal shift had been very important. One health-care worker said: *“The most significant change has been in mentality and the awareness that key populations are among the communities that we are serving, and they deserve access to services like everyone else—especially given the added vulnerability of some of them being orphans.”*

There is now a greater acceptance of young people’s sexuality, and open conversations can be held, both in the community and among health-care workers. Young people are encouraged to visit health facilities, where they are taught about sexual and reproductive health and rights.

In the broader community, young people and people from key populations feel there is more awareness and less stigma around HIV. As a result, more people living with HIV have gained the courage to disclose their HIV status and access treatment.

People from key populations report they are being treated with greater dignity. A participant of a focus group with young people who had accessed services through the programme said: *“We are treated like normal human beings.”*

Results

Nairobi County achieved its 90–90–90 targets early and was close to achieving the 95–95–95 targets. In 2022, 94% of people living with HIV in Nairobi knew their HIV-positive status, 98% of those were on antiretroviral therapy, and 95% were virally suppressed (13). Nairobi was one of the original signatories of the Paris Declaration in 2014. In line with the Fast-Track Cities approach, Nairobi County developed a city-wide HIV and TB strategy in 2015 and has shown strong commitment to Fast-Track its HIV response.

Success factors



A whole-clinic approach to sensitization worked well

One of the most effective strategies of the intervention was targeting grassroots staff at health facilities, such as receptionists and cleaners. These people are often overlooked and yet may be the most influential presence in such places.



A whole-community approach worked well

The project did not only address barriers experienced at the clinic level. It also tried to tackle some of the barriers that stem from home, school, places of worship and the community. Sensitization and dialogues were not limited to health-care workers but also targeted parents, teachers and religious leaders. As the project was led by the Nairobi County authorities, many local government departments, including health, education, gender, youth and security, could be engaged.



Meaningful involvement of youth and key populations was a key

Focus group discussions at the start of the programme allowed youth and people from key populations to talk freely about barriers they experienced in accessing health care, and this informed the design of the programme. Once the youth- and key population-friendly services were rolled out, it was crucial that the beneficiaries were centrally involved in implementing services.

A participant of a focus group with young people who had accessed services through the programme said: “From the beginning, we were invited to inception meetings to share our input, and we were part of the planning in terms of activities that were to be done.”



Recommendations

- ▶ Countries should adopt the Fast-Track Cities approach in high-priority locations.
- ▶ With the right mix of political will and community engagement, stigma can be reduced, and treatment targets can be achieved and exceeded at the local level.

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Sustainable Development Goals

Attendee of SDG Partnership Platform
(Kenya)



Tapping the potential of public–private partnerships for primary health care in Kenya: the SDG Partnership Platform

THE GOVERNMENT OF KENYA'S SDG PARTNERSHIP PLATFORM SERVES AS A KIND OF BROKER, ACTING AS A TRUSTED COORDINATING BODY, BRINGING TOGETHER PARTNERS WHO MIGHT OTHERWISE NOT HAVE MET TO JOINTLY REACH THE AMBITIOUS SDGS.

Introduction

The SDGs represent a globally shared commitment to achieving a better and more sustainable future for all by 2030. Collectively, the 17 goals address global challenges, including poverty, inequality, climate change, environmental degradation, peace and justice. Goal 3 pledges to “ensure healthy lives and promote well-being for all at all ages”.

The ambition of the SDGs requires bold, innovative twenty-first-century solutions. There are questions about whether the orthodox donor funding model is fit for the challenges of the SDG era. It is necessary, just eight years before the SDG deadline, to develop, pilot and scale up innovative alternatives to traditional funding models for development so that all stakeholders—public and private—work together in a coordinated and synergistic way to achieve these high-level goals.

The intervention

With the support of United Nations partners in Kenya, the Government of Kenya responded to the SDG challenge by spearheading the SDG Partnership Platform, which aims to harness the economic potential of the private sector in service of the SDGs. It achieves this through facilitating and coordinating partnerships between the Government and the private sector and demonstrating how public–private collaboration can effectively translate the SDGs into action on the ground. The Platform serves as a broker, acting as a trusted coordinating body and bringing together partners that might otherwise not have met.

- ▶ The Platform works through the following strategies:
- ▶ It holds joint advocacy and policy dialogues to create an enabling environment that helps partnerships thrive.
- ▶ It identifies and brokers large-scale public–private partnerships that align with the SDG themes.
- ▶ It helps to raise investments for public–private partnerships by optimizing a diversity of blended financing instruments and redirecting capital flows towards SDG implementation, engaging a wide range of stakeholders from the public and private sectors.
- ▶ It facilitates monitoring and evaluation, learning and research to inform best policies and practices for SDG partnerships.

Aligned with the country's “big four” development priorities, of which the President identified primary health care as a developmental priority, the Platform first tackled SDG 3, with a specific focus on primary health care, through the Primary Health Care Accelerator Programme

THE PHC ACCELERATOR PROGRAMME IS FOCUSED ON IDENTIFYING OPPORTUNITIES FOR ACCELERATING UNIVERSAL ACCESS TO PRIMARY HEALTHCARE, SPECIFICALLY THROUGH INVESTING IN HUMAN RESOURCES, MEDICINE AND MEDICAL SUPPLY SYSTEMS, HEALTH INFORMATION, AND TECHNOLOGICAL SOLUTIONS.

Tedros Adhanom Ghebreyesus, World Health Organization Director-General, has recommended: *“To realize SDG 3, you may not need to start with all services—start with primary health care”* (14).

The Primary Health Care Accelerator Programme is focused on identifying opportunities for accelerating universal access to primary health care, specifically through investing in human resources, medicine and medical supply systems, health information and technological solutions.

Makueni County in south-eastern Kenya, where over 60% of the population lives below the poverty line on less than US\$ 1 a day, was earmarked for the first Primary Health Care Accelerator Programme initiative. Although the Makueni County Government had made significant investments in extending and improving its primary care system, most primary care facilities are not fully functional due to gaps in infrastructure and staff.

The programme started with the three-day Primary Healthcare Kenya Co-create Workshop organized by the SDG Partnership Platform. This was attended by representatives from Makueni and eight other counties, and representatives from the Government, United Nations partners, the private sector, philanthropy and civil society. The workshop gave Makueni County an opportunity to share its challenges in providing universal primary health care and to envision how a partnership approach could address some of those challenges.

The outcome was the creation of the Partnership for Primary Care (P4PC), which was piloted at three clinics in Makueni County from July 2018 to January 2020. This paradigm-shifting partnership, facilitated by the SDG Partnership Platform, is the first public–private partnership model for primary health care in Africa. The main partners in P4PC are Amref Health Africa, the Dutch Development Bank, the Government, the Makueni County Government and the Philips company.

Amref Health Africa, a leading international nongovernmental health organization, manages the identified health facilities and provides training for health-care workers. Philips is investing in improving health infrastructure, IT systems and medical equipment. Further investment comes from the Dutch Development Bank, which also provides legal and business expertise. As the financial co-developer, the Dutch Development Bank is also focusing on options for financing of the scale-up of the model. The Makueni County Government is mainly responsible for creating an enabling policy and regulatory environment. The Government of Kenya provides domestic funding for medicines, consumables, health-care workers and infrastructure.

After a successful trial at three clinics in Makueni County, further scale-up of the model in various districts in the county is planned for 2022, initially in 200 additional clinics. Other counties in Kenya may then benefit. There is the ambition to export the model to other countries in Africa.

Results

This public–private model led to greater sustainability of primary health care and increased access to health services for people from vulnerable populations. Following the P4PC pilot in Makueni County, the three clinics saw their income rise by 400%. In these clinics, visitor numbers rose by 92%. Prenatal examinations rose by 31%, and the number of births in the clinics increased by 78% over 1.5 years. Around 3000 people are now registered for health cover and possess a health-care insurance card that offers access to clinics.

Success factors



Public-private partnerships are a viable model for development initiatives

Traditional financing models are becoming increasingly unsustainable. At the same time, universal health coverage may not be affordable for many governments. The SDG Partnership Platform demonstrates that public-private partnerships are a viable contributor to achieve development goals, and there are opportunities for private companies to profit from primary health care.

The revelation that private equity can be attracted to help achieve the SDGs is promising. Combining the power of the private sector with the reach of the public sector creates a win-win situation for governments, private investors and the people who need care.



Public-private partnership initiatives can help dismantle silo approaches to development

Siloed approaches to development are not suitable for addressing what are invariably interrelated challenges: gender-based violence is linked to HIV and related to poverty, which is contributed to by gender inequality. Interrelated challenges need integrated solutions. Plans, policies, funding, leadership and human resources need to be in alignment at the right time.

An important lesson from the SDG Partnership Platform is that if the environment is not enabling or not ready, private companies will go elsewhere. The Platform played an important role in identifying potential policy and regulatory barriers, advocated for these to be addressed, and supported the Government to address them to enable collaboration that worked for all parties.



Building trust needs the investment of time

The SDG Partnership Platform supports the establishment and growth of long-term partnerships and provides a platform to identify and mitigate risks and address obstacles to progress. Importantly, it promotes trust. Establishing trust takes time. The level of trust that the SDG Partnership Platform has created can be demonstrated by the growing number of partners, especially in the private sector, that have joined the Platform and are ready to engage.



Recommendation

Countries should explore public-private partnerships at the local level, replicating and scaling models such as P4PC that have demonstrated success. This can lead to a more sustainable health response and increase access to services for the people most in need.

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It Ends With Us

Addressing the drivers of violence against women and girls in Nairobi

Photo: Vivian Kiarie



It Ends With Us: addressing the drivers of violence against women and girls in Nairobi

AS A CRIMINALIZED AND STIGMATIZED GROUP, LGBTQI WOMEN ARE AT HIGH RISK OF VIOLENCE AND ALSO EXPERIENCE BARRIERS TO ACCESSING POST-VIOLENCE CARE, INCLUDING JUSTICE AND HEALTH SERVICES.

Introduction

Focus group participants shared that in Dandora, an eastern suburb of Nairobi, there are high rates of violence against women and girls. Women are often encouraged to marry to relieve their families' economic burdens. Once married, women are expected to take responsibility for household work and child care. Many women do not work outside the home, or, if they do, earn less than their husbands.

Gender-based violence is often underpinned by a set of social norms and beliefs that determine behaviours deemed "acceptable" for women. Violence is normalized as a means of "punishing" women who do not perform their domestic duties adequately or transgress traditional gender norms.

Many survivors of intimate partner violence acknowledge that their marriages are abusive but feel unable to leave, for a range of reasons, including still loving their spouse, concern for their children, and a lack of financial means. Survivors often feel apprehension about reporting cases to the police, as they are perceived to be apathetic about gender-based violence and lack the resources or personnel to investigate it.

LGBTQI women are particularly vulnerable to gender-based violence. In Kenya, criminalization of same-sex relationships persists. As a criminalized and stigmatized group, LGBTQI women are at high risk of violence and also experience barriers to accessing post-violence care, including justice and health services.

The intervention

To address the high levels of gender-based violence in Dandora, the non-profit-making organization Positive Young Women Voices (PYWV) conducted a project, It Ends With Us, funded by the American Jewish World Service, to educate and sensitize men and women about violence against women and girls and ways to stop it.

Training forums were conducted for women and men aged 18–35 years to raise awareness of and prevent violence against women and girls. Young women who participated were informed about different forms of violence against women and girls, how to prevent it, and how to respond when it occurs. The workshops sought to challenge harmful cultural beliefs, norms and practices that increase the vulnerability of women and girls to violence. The workshops were joined by organizations offering psychosocial support, the police and others.

THE FORA PROVIDED A SAFE SPACE FOR ALL PARTICIPATING YOUNG WOMEN TO SHARE THEIR LIFE EXPERIENCES— WHICH WAS ALSO A FORM OF THERAPY THAT ALLOWED THEM TO REALIZE THAT THEY ARE NOT ALONE AND THAT THERE IS 'LIFE AFTER ABUSE'.

Social media platforms were used to trigger conversations and promote the work done by PYWV in the community, reaching 5000 people a month. Blogs, videos and infographics were used to mark different international days and maintain momentum on PYWV social media platforms.

Community outreach was conducted with a theatre group before COVID-19 measures forced PYWV to change to one-to-one and virtual interventions. Mobile applications such as WhatsApp groups were used to ensure all stakeholders could be engaged, even without their physical presence, and this was scaled up during the COVID-19 pandemic.

PYWV carried out a needs assessment among LGBTQI women, which informed the content of the discussions held in subsequent workshops with LGBTQI women. The workshops empowered LGBTQI women and provided a safe space for engagement, peer support and solidarity. Other participants in the project were sensitized to the needs and challenges of LGBTQI women, with the aim of decreasing stigma and discrimination.

By working with local authorities, PYWV and the Dandora community built better relationships with Government offices, police services and local health providers. Girls were encouraged to be in school during the day, where they were safe and had access to basic hygiene and sanitary items. A positive impact was also seen on the men and boys who participated, with men who attended sessions now championing against violence against women and girls and helping to forward cases for gender-based violence to the relevant authorities.

The process of reducing stigma towards LGBTQI women in the community has begun. Talking openly about LGBTQI issues has led to friendlier services for members of this community. There has been an encouraging increase in LGBTQI women joining the WhatsApp group that serves as a learning platform and a psychosocial support group where they can interact, support each other, and engage in interactive and educational games.

The fora provided safe spaces for young women to share their life experiences. This was also a form of therapy that allowed women to realize they are not alone and there is "life after abuse". Following the workshops, attitudes towards violence against women and girls shifted. A sustainable chain of empowerment was created. Beneficiaries continue to share the information they gained from the sessions to the wider community.

The fora also facilitated the growth of a support network that includes other organizations and Government offices in Dandora, nurturing a community of stakeholders with increased awareness about violence against women and girls.

Importantly, there were a number of interventions to address the obstacles survivors experienced when attempting to report gender-based violence to the police. Police were invited to the meetings to hear the community's grievances about how cases of gender-based violence had been handled in the past. Community health volunteers were trained to support survivors of gender-based violence.

Results

This public-private model led to greater sustainability of primary health care and increased access to health services for people from vulnerable populations. Following the P4PC pilot in Makueni County, the three clinics saw their income rise by 400%. In these clinics, visitor numbers rose by 92%. Prenatal examinations rose by 31%, and the

number of births in the clinics increased by 78% over 1.5 years. Around 3000 people are now registered for health cover and possess a health-care insurance card that offers access to clinics.

Adolescent girls and young women who participated in the workshops found the sessions relevant and informative. They became more knowledgeable about violence against women and girls and its various forms, and where to seek help. Many participants went on to stand up for themselves and their neighbours, family members and friends. They felt empowered to be advocates and champions for ending violence against women and girls.

The men who attended the training said they developed a deeper understanding about gender-based violence and LGBTQI issues, learnt how to communicate more effectively with their partners, and had become champions of stopping violence against women and girls and for gender equality. One participant said: "I'm now supporting my wife with house chores."

There has been an increase in the number of survivors of violence against women and girls reporting cases to the police, partly thanks to community health volunteers supporting them in reporting and going to court. Police have been reported to be taking time to show survivors how to complete the necessary paperwork correctly to make complaints.

As the organization has created broad-scale awareness, women are now more aware of their rights. They know that if they have experienced gender-based violence, there are places they can go for help, including the police, and that organizations exist to follow up on court cases and ensure justice for survivors.

Success factors

Entrenched patriarchal gender norms mean that gender-based violence will not be eradicated quickly or easily. It Ends with Us has made an important contribution towards addressing the issue in one corner of Nairobi:



Engaging men in a process transformed perceptions of women and men

Including men in the workshops was viewed by implementers and participants as a key factor for transformation for both the men and the women in the groups. One young woman in a focus group said: "We need to see men as protectors and not just perpetrators."



Young women were encouraged to 'take my space'

An important component of the programme was how it helped young women to accept and value themselves and to realize they do not have to conform to what others think they must be. One young woman in a focus group said: "I am me. What you think about me is your own business, but I will take my space." The impact of this change is amplified when empowered young women speak out, including on social media.



Stakeholder engagement was key

It Ends with Us engaged a wide range of partners to expand the reach and impact of the programme. Working with gatekeepers, such as community, administrative, religious and traditional leaders, was particularly valuable to sensitize them to the realities of gender-based violence. For example, a key Government official was invited to participate in the workshops. She gained a greater understanding of programme activities, and this influenced her understanding of the issues facing women in Dandora and the intersectionality of issues. As a result, she has become a vocal advocate for new policies and programmes to address gender-based violence. She has also opened many doors for PYWV so the organization can continue to keep violence against women and girls on decision-makers' agendas.



Recommendation

Countries should prioritize programmes to address gender-based violence, especially among key populations. These have the potential to improve a range of HIV outcomes, and to galvanize increased political will towards ending violence against women and girls.

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It Ends With Us

Forum for Intimate Partner Violence in Dandora



Malawi

CASE 7.

Connecting during
crisis: maintaining
health of people
living with HIV
in Malawi during
COVID-19

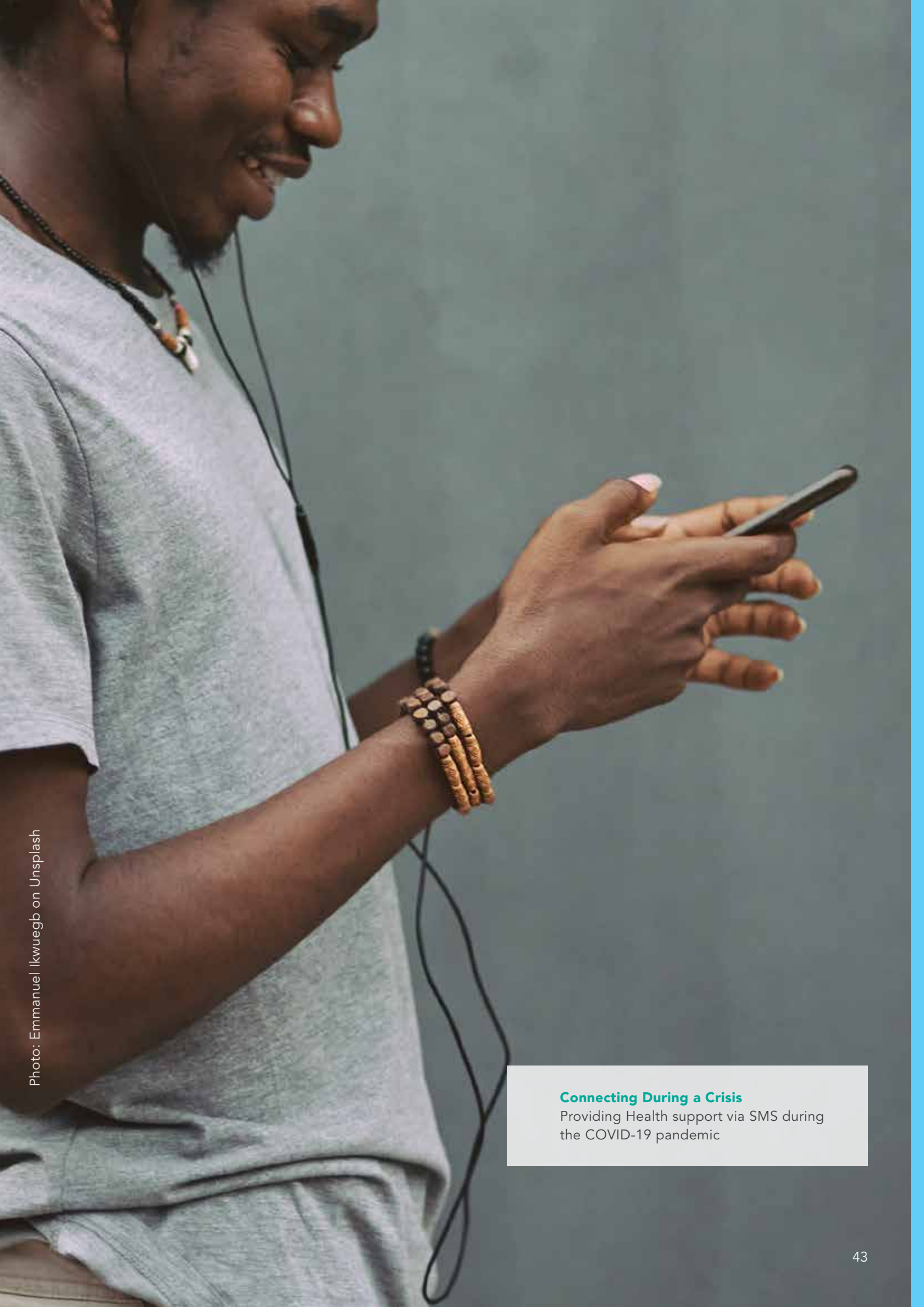


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Connecting During a Crisis

Providing Health support via SMS during the COVID-19 pandemic

Connecting during crisis: maintaining health of people living with HIV in Malawi during COVID-19

NAPHAM EFFECTIVELY FOUND A WAY TO COMMUNICATE WITH AND KEEP PLHIV HEALTHY THROUGH THE WORST OF THE COVID-19 PANDEMIC USING AN SMS PLATFORM WITH FINANCIAL AND TECHNICAL SUPPORT MOBILIZED BY UNAIDS COUNTRY AND REGIONAL OFFICES.

Introduction

Malawi has one of the highest HIV burdens and prevalence rates in the world, with 7.1% of its adult population aged 15–49 years living with HIV and 1.0 million Malawians living with HIV in 2022 (1). The country has, however, made great strides to reduce the HIV epidemic over the past decade and has already met the UNAIDS 90–90–90 targets.

With the development of the COVID-19 pandemic, rapid responses from governments, civil society and the United Nations family were required to prevent COVID-19 from spreading rapidly and to mitigate other effects of the pandemic. People living with HIV were identified as a higher-risk group for contracting COVID-19, and for developing severe forms of the disease, due to their weakened immune systems.

In Malawi, people living with HIV are largely supported by the National Association of People Living with HIV/AIDS in Malawi (NAPHAM), a membership organization that mobilizes, supports and represents nearly 6000 people. NAPHAM members form local support groups of people living with HIV. The groups meet regularly to share information, provide emotional and practical support about living with HIV, and organize income-generating activities. Face-to-face meetings stopped during the early days of the COVID-19 pandemic due to lockdowns, and visits to clinics and hospitals became difficult and risky.

This case study documents how NAPHAM effectively found a way to communicate with people living with HIV and keep them healthy through the COVID-19 pandemic using a short message service (SMS) platform. This initiative received financial and technical support mobilized by UNAIDS country and regional offices.

The intervention

The NAPHAM initiative aimed to ensure people living with HIV were protected from contracting COVID-19, were informed about the facts of COVID-19, and had adequate supplies of personal protective equipment.

The initiative comprised a rapid survey to assess the needs of people living with HIV with regard to COVID-19. The initiative targeted all districts in the country. A subsequent awareness and information campaign was disseminated to NAPHAM members through an SMS platform.

NAPHAM conducted a survey of its members, with the support of UNAIDS. Results showed that people living with HIV were fearful of COVID-19, fuelled by speculation, misinformation and myths circulating among the community (e.g. people living with HIV would die if they got COVID-19; all hospitals had been closed; people could not get their antiretroviral medicines). Some people living with HIV feared they would get COVID-19 if they visited clinics. These fears reduced adherence to antiretroviral therapy. Fear and misinformation were exacerbated by NAPHAM support groups no longer meeting face-to-face due to social distancing measures.

The results of the rapid survey, shared with stakeholders and partners, informed the design of a range of interventions to assist people living with HIV in Malawi to prevent the spread of COVID-19 and continue to access HIV services. A series of messages were sent to almost 6000 NAPHAM members via SMS. The SMS platform was chosen because many people living with HIV do not have smartphones.

The messages provided information about preventing COVID-19 and continuing to access antiretroviral medicines and other medical services in the context of COVID-19. The messages addressed myths and misconceptions around vaccination and encouraged people living with HIV to be vaccinated.

Results

The project had several positive outcomes:

- ▶ People living with HIV were able to stay healthy during the COVID-19 pandemic. They continued to access antiretroviral medicines and other necessary health services, while staying safe from contracting COVID-19. This arrangement also linked to 6-month dispensing of antiretroviral medicines. This reduced the number of trips required to hospitals and clinics and protected people living with HIV from contracting COVID-19 in crowded health facilities.
- ▶ NAPHAM partnerships and collaborations with stakeholders such as the National AIDS Commission, the Ministry of Health and other organizations were enhanced.
- ▶ Advocacy activities using data from the survey contributed to the rollout of differentiated service delivery approaches, such as 6-month dispensing of antiretroviral medicines. This particular strategy was in its infancy in Malawi before COVID-19 but was accelerated during the pandemic and remains in place. In Malawi, 6-month dispensing of antiretroviral medicines has been shown to increase retention by 3.5%, reduce loss to follow-up by 3.8%, and reduce deaths by 0.3% (17).

Success factors



Agility, flexibility and community engagement were key factors

The methodology was designed with the community quickly, before the issue of antiretroviral therapy dropout emerged. The methodology was flexible to meet the needs of people living with HIV in an innovative way. The rapid survey ensured NAPHAM developed an intervention that directly met the needs of people living with HIV and that the response was relevant and appropriate.



Selected telecommunications technology were fit for purpose

COVID-19 exposed global inequalities, including inequality in access to technology (the digital divide). Although HIV programmes in many countries moved to virtual formats during the COVID-19 pandemic using data-driven and meeting platforms such as Facebook, WhatsApp and Zoom, these platforms were not a feasible way of communicating with NAPHAM members since too few members owned smartphones or had reliable access to data.

The SMS system for communicating with people living with HIV was found to be efficient and effective in encouraging people to adhere to antiretroviral therapy and in sustaining the HIV response. The system will continue to be used in Malawi. Partnerships with mobile network providers could address the challenges of some poor people not having airtime. In general, more people in resource-scarce settings in Malawi had access to SMS than to data-reliant communication platforms.



Using trusted messengers allowed information to be taken up quickly

NAPHAM was already a trusted source of information, and members tended to believe the information it provided. Demystifying myths and sharing correct information on COVID-19 helped people living with HIV use evidence-based measures to protect themselves from COVID-19 and increased the uptake of vaccination. NAPHAM members acted as early adopters of COVID-19 vaccination in their communities, setting an example that encouraged other community members to do the same.



Strategies to reduce clinic visits were beneficial for people living with HIV

Through successful interventions such as 6-month dispensing of antiretroviral medicines, trips to hospital and clinics were reduced. The risk of contracting COVID-19 at clinics or during travel was reduced, and there was limited interruption in adherence to antiretroviral therapy.



“It was not necessary to reinvent the wheel”

Lack of coordination leads to duplication of efforts. When NAPHAM planned the messages for its awareness campaign, it drew on existing resources, technical infrastructure, human resources, methods of communication and social capital. A UNAIDS strategic information adviser said:

“It was not necessary to reinvent the wheel. So, we harnessed existing resources and existing infrastructure... we did not develop our own virtual information, education and communication resources; we vetted and forwarded messages developed by other partners.”



Recommendation

Countries should engage networks of people living with HIV in efforts to expand COVID-19 adaptations such as differentiated service delivery. The scale-up of 6-month dispensing has been shown to improve retention and reduce loss to follow-up and deaths. Similar approaches can be adapted by countries in the context of relevant humanitarian context.

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Uganda

CASE 8.

Harnessing traditional leadership to increase uptake of HIV services by men and boys in Uganda

CASE 9.

Living with disabilities, living with HIV, female... and empowered: using social protection to address gender-based violence for women and girls with disabilities and HIV in Uganda

CASE 10.

A pathway to sustain the HIV response: HIV mainstreaming as an innovative solution to increase sustainable domestic funding for HIV in Uganda



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Harnessing traditional leadership to increase uptake of HIV services by men and boys in Uganda

THROUGHOUT EAST AND SOUTHERN AFRICA, MEN AND BOYS ARE LESS LIKELY TO TEST FOR HIV, TO INITIATE ANTIRETROVIRAL THERAPY AND TO REMAIN ENGAGED IN CARE—AND THEY ARE DYING OF AIDS-RELATED ILLNESSES AND OTHER DISEASES AT DISPROPORTIONATELY HIGHER RATES THAN THEIR FEMALE COUNTERPARTS

Introduction

Throughout eastern and southern Africa, men and boys are less likely to test for HIV, to initiate antiretroviral therapy, and to remain engaged in care—and they are dying of AIDS-related illnesses and other diseases at disproportionately higher rates than their female counterparts (18). In 2016, Uganda decided to harness the influence of traditional leadership to encourage men and boys to come forward to test for HIV and, for those who tested positive, to start and stay on treatment.

Buganda is the traditional kingdom of the Baganda people within present-day Uganda. Over the course of his reign, the King (Kabaka) of Buganda, His Majesty Mutebi II, has used his considerable influence to champion health and well-being for his subjects, spearheading campaigns to promote polio immunization, blood donation, maternal health care, child nutrition, physical exercise, and the prevention of malaria, hepatitis B, HIV, sickle cell anaemia, fistula and other diseases.

In 2003, the counties that overlap with the Buganda kingdom had an immunization rate of only 20%. With the involvement of the King and Queen, immunization rates in these counties rose to 73% in 2005 and 95% in 2009. As an influential figure, the King was able to attract financial support from private-sector partners such as Airtel Uganda, the Development Finance Company of Uganda Bank and Nile Breweries to contribute to health promotion campaigns.

It was therefore a strategic choice to engage the King in mobilizing men to improve their HIV-related behaviour. In March 2017, UNAIDS appointed the King as a UNAIDS Goodwill Ambassador to end AIDS among men in eastern and southern Africa so he could use his influence on norms, beliefs and customs to impact on men's access to HIV services.

A KEY CHANGE ACHIEVED THROUGH CONSTANT MESSAGING WAS THE REDUCTION IN STIGMA FOR PEOPLE LIVING WITH HIV, AND MANY PEOPLE HAVE FELT COMFORTABLE TO COME OUT AND DECLARE THEMSELVES AS LIVING POSITIVELY. IT IS REPORTED THAT PEOPLE HAVE STARTED TO TALK ABOUT HIV WHEREVER THEY GO, AT ANY COMMUNITY FUNCTION, CHURCH SERVICE, OR GATHERING.

The intervention

As part of his ambassadorial role, the King launched an HIV advocacy campaign, Men are Stars. The aim was to sensitize and mobilize a critical mass of men and boys in Uganda and throughout eastern and southern Africa to access HIV services. The campaign targeted men and boys aged 15–49 years within 25 high HIV burden districts. One of the main ways that the campaign reached men was through popular sporting events, including the Kabaka Birthday Run marathon, attracting 50 000–60 000 participants (85% male), and the Masaza Football Cup, attracting 60 000–70 000 fans.

Other initiatives included using the kingdom's radio and television stations to communicate advocacy messages for the campaign, and organizing traditional campfire events for adolescent boys and young men.

The project aimed to directly reach over 14 million Ugandans through the combined platforms of sports events, radio and television, community dialogues, edutainment at schools and places of worship, and social media. The content of the messages focused on mobilizing adolescent boys to prevent HIV through voluntary male circumcision, and mobilizing men and boys to test for HIV and to adhere to treatment to reduce viral load.

The campaign also stimulated discussion on social and structural drivers of HIV such as harmful gender norms, gender-based violence, and stigma and discrimination. Broader men's health was integrated, including TB, prostate cancer and hepatitis B.

Participants were unanimous about the success of the campaign. One of the main lessons for stakeholders is the focus on changing behaviours and cultural norms and engaging the King as a champion for a change. The King took the role of championing and integrated HIV and gender-based violence when he addressed communities. The Prime Minister of the kingdom provided the King with briefings on HIV to increase the impact.

A participant from a focus group with doctors and chief men said: *"In almost every speech [the King] delivers, he talks about the need of HIV prevention and care and support for those who are living with HIV. People listen to him, as he is so popular."*

Radio and television drama sketches were performed by well-known actors, and radio discussions echoed the King's messages among community members.

Another interviewee from the focus group explained: *"Messages are turning up everywhere—below the line and above the line, and especially during COVID-19 safety broadcasts. We got safety messages to be mindful about COVID-19, but also to be careful of HIV while we were being idle, and messaging about domestic violence. There are songs in every house. People are talking everywhere [about HIV and gender-based violence]."*

The campfire meetings stimulated discussion about HIV prevention, contributing to the distribution of 3 million condoms within 2 months during the campaign. The campfire meetings resulted in large numbers of people feeling united behind a cause, as related by a young focus group participant:

"I had the privilege of witnessing our JaJa putting on his cultural clothing—and the expectation was that he would address culture. But instead he talked about current issues. It was a blending of modern and ancient, and we need more of that."

Results

A key change achieved through the messaging was the reduction in stigma for people living with HIV. Many people are now comfortable saying they are living with HIV. People have started to talk about HIV at community functions, places of worship and gatherings. This may be related to the King's request that HIV issues are addressed before any public events begin.

Another result has been the activation of Buganda youth, who now speak more freely about HIV and gender roles to their peers and to people from older generations.

The campaign contributed to significantly improved HIV-related outcomes in the Buganda region between 2016 and 2020, including:

- ▶ Increased knowledge of HIV status from 89% to 94%.
- ▶ Increased HIV treatment coverage from 64% to 92%.
- ▶ A 52% decrease in new HIV infections.

With this boost, Uganda was among only 8 countries globally that managed to achieve the 90–90–90 targets by 2020.

Success factors



Trusted traditional leaders were effective champions

The King as a champion was the most important success factor of this campaign. He is trusted and listened to in the country. A doctor from the local health facility, interviewed in March 2022, said: "If you can empower chiefs and clan leaders, you can impact the response and how it changes behaviour of people. In 2020 there were 20 million condoms distributed, and they moved fast—this was because when the King talks, people will listen."

One village health trainer in a focus group observed: "Before the King was involved with this, our elders and children were not addressing these issues. People who were living with HIV could not even talk about it. Now they are not afraid."



Mobilization of peer influencers was successful

Men talking to other men, and youth talking to other youth, were observed to make a huge difference in the success of the campaign. It allowed healthy discussions to take place without risk or fear of judgement or condescension. The involvement of people living with HIV was equally useful, as they could dispel many myths about HIV within communities and explain how they lead productive, successful lives while living with HIV.



Partnerships improved the impact of the campaign

Partnering was observed to be a major success factor in the campaign to engage men and boys. Several partners supported the funding of the campaign—including the Buganda kingdom itself, UNAIDS and the Uganda private sector. In addition, many partners were involved in the rollout of the campaign. For instance, at the campfire events, there were speakers from different Government departments and from civil society. The campaign also engaged the media and celebrities to amplify its reach.



Using multiple ways of dissemination of message is key

Messaging around HIV, gender-based violence and gender norms was everywhere—at public transport hubs, at social and sports events, in educational and religious institutions, and on all media (traditional and social) platforms. Discussions about these issues have now become normalized.



Measurement and documentation of results are important

A key lesson from the campaign is that measurement and documentation of interventions and their results could have been better. There are plans to improve this in the future. Other countries wishing to implement similar mass mobilization campaigns are recommended to set up good monitoring and evaluation systems at the start of the intervention



Recommendation

Countries should harness the considerable influence of traditional leaders, in line with the new framework for action on male engagement in HIV testing, treatment and prevention in eastern and southern Africa (18). This approach has been shown to help countries achieve treatment targets.

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Living with Disability, HIV and Female
...but empowered!



Living with disabilities, living with HIV, female... and empowered: using social protection to address gender-based violence for women and girls with disabilities and HIV in Uganda

POSITIVE WOMEN WITH DISABILITY UGANDA (POWODU) PROCURED AND DISTRIBUTED FOOD AND BASIC ITEMS TO ASSIST HIV-POSITIVE WOMEN AND YOUNG WOMEN WITH DISABILITIES WHO WERE FACING CHALLENGES ACCESSING FOOD AND HEALTH CARE DURING THE COVID-19 LOCKDOWN.

Introduction

In Uganda, 8.5% of the country's population of 43 million people are living with disabilities (19). Uganda recently passed the Persons with Disabilities Act (2020), which provides for the respect and promotion of human rights for people with disabilities. Gaps remain, however, in implementation, monitoring and compliance.

People living with disabilities are more likely to be poor, face catastrophic health expenditures, have lower levels of education and economic participation, and live in households that are more exposed to economic insecurity and shocks than people without disabilities (20). Such inequalities, which are heightened for women and girls, arise from multiple barriers, such as stigma towards people living with disabilities, inaccessible infrastructure, transport and information systems, and lack of inclusive public policies and services.

The inequalities faced by people living with disabilities are heightened for women and girls. When women and girls are living with HIV as well as disabilities, the impacts are multiplied. People living with disabilities are more likely to depend on other family or community members for food and other daily support and care.

Hardships facing women and girls living with HIV as well as disabilities were exacerbated by the COVID-19 pandemic. People with underlying health conditions such as HIV have an increased risk of contracting COVID-19. In sub-Saharan Africa, women reported COVID-19-related disruptions to sexual and reproductive health and rights services at significantly higher levels than men (21). Women were more likely than men to report employment loss, forgoing work to care for others, dropping out of school, and increased gender-based violence.

Under the added economic hardships associated with COVID-19, the rate of sexual and gender-based violence has exploded in Uganda. The number of cases of gender-based violence reported to the police rose from 16 242 in January–June 2020 to 17 026 in January–June 2021 (4.8% increase) (22).

The intervention

To address the challenges facing women living with HIV as well as disabilities in accessing food and health care during COVID-19 lockdowns in Uganda, Positive Women with Disabilities in Uganda procured and distributed food parcels, personal protective equipment and personal hygiene kits to assist their members in the Kampala and Wakiso districts. This was supported by funding from UNAIDS and in partnership with The AIDS Support Organization (a Ugandan HIV nongovernmental organization).

Positive Women with Disabilities in Uganda provided women and girls living with HIV as well as disabilities with information on preventing and mitigating COVID-19, the importance of vaccination, and how to access HIV and sexual and reproductive health and rights services during the pandemic. Positive Women with Disabilities in Uganda also provided a supportive and safe space to discuss gender-based violence.

Groups of women living with HIV as well as disabilities were trained in simple income-generating activities, including making and selling popcorn, and grinding peanuts to make peanut butter. The women were provided with starter kits including popcorn machines and peanut grinders.

Other activities directed at the broader community demonstrated how people can support people living with disabilities, especially women living with HIV as well as disabilities. These activities included dialogues with leaders and decision-makers, and public service announcements in busy public spaces

Results

The income-generating activities probably contributed to positive HIV outcomes and reduced gender-based violence risk. Systematic reviews have shown that such interventions can improve the rate of condom use, reduce the number of sexual partners, improve other HIV-related behavioural outcomes, and reduce intimate partner violence by up to 55% (23).

Success factors

The income generating activities alleviated the hardship experienced by the beneficiaries and their families during the COVID-19 pandemic. It confirmed that vulnerable people, with the right support, can become self-sufficient: *“They can stand on their own, they can look after themselves, they can look after their children, they can keep their appointments”* (Interview with POWUDU Director, December 2021).



A little support can be meaningful towards gaining self-sufficiency

Income-generating activities alleviated the hardship experienced by the beneficiaries and their families during the COVID-19 pandemic. It confirmed that with the right support, vulnerable people can become self-sufficient. The director of Positive Women with Disabilities in Uganda said: *“We can stand on our own, we can look after ourselves, we can look after our children, we can keep our appointments.”*



Economic empowerment has multiple positive outcomes

The women became less financially dependent on others, which improved their self-esteem. They were better able to interact with the broader community, became less isolated, and were better able to adhere to their antiretroviral therapy and remain virally suppressed.



A little support helps people to network and strengthens solidarity

The activities helped women living with disabilities to network and find strength in solidarity and created greater awareness of the needs and rights of people living with disabilities in the wider community.



Recommendation

Countries should include income-generating activities as part of programmes to address structural issues in the context of poverty and COVID-19. Such activities have been shown to reduce gender-based violence and improve HIV-related outcomes.

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HIV/AIDS Mainstreaming Guidelines endorsed by Major General Kahinda Otafiire, on behalf of the President of the Republic of Uganda

A pathway to sustain the HIV response: HIV mainstreaming as an innovative solution to increase sustainable domestic funding for HIV in Uganda

MAINSTREAMING IS ABOUT ENSURING DIRECT AND INDIRECT ASPECTS OF HIV BECOME PART OF HOW AN ORGANIZATION, SECTOR, INSTITUTION OR COMMUNITY NORMALLY FUNCTIONS, SO AS TO LESSEN THE IMPACT OF HIV ON THE HEALTH AND WELL-BEING OF ITS WORKFORCE AND, BY EXTENSION, THE OPERATIONS AND SUSTAINABILITY OF THE INSTITUTION OR SECTOR.

Introduction

Uganda has made considerable progress to combat the HIV epidemic in recent years. In 2022, an estimated 1.4 million [1.3 million–1.6 million] people were living with HIV in Uganda, with 90% aware of their HIV-positive status, and 1.21 million people on treatment (2). More than 98% of pregnant women living with HIV in Uganda receive antiretroviral therapy to keep them healthy and prevent mother-to-child transmission. The annual number of AIDS-related deaths decreased from 48 000 in 2010 to 17 000 in 2022 (2).

This progress is encouraging, but the HIV response in Uganda is still predominantly externally funded. According to the national AIDS spending assessment, 83% of all HIV investment came from foreign donors in 2017–2018 and 2018–2019. The Ugandan Government has recognized the need to increase the domestic contribution to health in line with global and African Union commitments to improve the sustainability of its HIV programmes.

The intervention

The Presidential Fast-Track Initiative on Ending AIDS in Uganda was launched on 6 June 2017. The initiative requested all Ugandan Government ministries, departments and agencies to mainstream HIV in their budgets and plans. Mainstreaming efforts were required to be strengthened and scaled up in all institutions under one coordinating authority (Uganda AIDS Commission) and one strategic plan (National Strategic Plan on HIV and AIDS). The initiative aimed to ensure all ministries, departments and agencies allocated 0.1% of their budgets to addressing HIV.

UNAIDS defines mainstreaming HIV as a process that enables management of sectors and institutions to address the causes and effects of HIV in an effective and sustained manner, both through their usual work and within the workplace (24). Mainstreaming is about ensuring direct and indirect aspects of HIV become part of how an organization, sector, institution or community normally functions, so as to lessen the impact of HIV on the health and well-being of its workforce and, by extension, the operations and sustainability of the institution or sector.

In practice, this means each ministry, department or agency assesses the unique challenges presented by HIV in that particular sector, and identifies the specific activities needed to address the impact. The most prevalent risk factors for HIV in the specific sector, how HIV affects productivity, the barriers to addressing HIV in the sector, and how these barriers are to be addressed are ascertained. The assessment considers whether workers have

access to prevention, testing and treatment services, looks at issues of stigma, checks workers' knowledge about HIV, and considers how HIV-related activities can be mainstreamed into normal activities.

There has been a great improvement in most of the sectors because of these funds, and Uganda is now on course to meet the 95–95–95 HIV targets by 2025.

The National Strategic Plan maintains the importance and expansion of mainstreaming. It states that by 2025, there should be 100% mainstreaming in Government departments. A representative of the Uganda AIDS Commission said:

“We want to see 100% mainstreaming of HIV in Government departments. We want to move to nongovernmental entities (private sector, even nongovernmental organizations) and make sure they mainstream HIV in their plans. In future, it should become routine.”

A UNAIDS Fast-Track advisor for Uganda said: *“I would strongly recommend this approach being used by other countries in the region.”*

Other countries in eastern and southern Africa have expressed an interest in the HIV mainstreaming approach. It is a fairly simple model to replicate. For instance, Mozambique's HIV Prevention Roadmap 2022–2025 references Uganda's HIV mainstreaming guidelines and uses them as a benchmark for domestic resource mobilization.

Results

The mainstreaming of HIV in Uganda contributed to increased domestic resource mobilization for HIV. The requirement for all Government departments, agencies and ministries at the national and district levels to budget 0.1% for activities to address HIV within their specific context, which came into effect in 2018, had a visible effect on domestic public expenditure on HIV in Uganda, rising to US\$ 39 million in 2019 (25).

Success factors



National guidelines on HIV mainstreaming were key

The Guidelines for Multi-sectorial HIV and AIDS Mainstreaming in Uganda were a key success factor for the implementation of mainstreaming (26). Key principles outlined in the guidelines include:

- ▶ Effective leadership at all levels.
- ▶ Broad stakeholder involvement, partnerships and collaboration, empowerment and capacity-building.
- ▶ Placing the response to HIV in the core agenda of both public and private sectors in the country.
- ▶ Using the comparative advantage of different stakeholders and recognizing the complementarity among stakeholders.
- ▶ Considering gender and equity issues in the HIV mainstreaming processes.

Initially, allocation of departmental budgets for HIV mainstreaming was voluntary and compliance was very low. A directive was issued from the Ministry of Finance, Planning and Economic Development for all Government departments, agencies and ministries at the national and district levels to budget 0.1% for activities to address HIV within their specific context.

The directive was issued with instructions on how to allocate for HIV in budgets—this was a turning point. Mandatory contributions meant that if budgets did not comply, they would not be approved by Parliament. The directive and the accompanying guidelines have dramatically improved the

compliance of Uganda’s ministries, departments and agencies and resulted in US\$ 12 million in 2020 being allocated for activities aligned with the National Strategic Plan.

Before the directive, agencies reported they had little or no finance to allocate to HIV activities.

✓ Stakeholder engagement at all levels was essential

Investing in stakeholder engagement at all levels was a key success factor in achieving HIV mainstreaming, from the highest level—the President, ministers and Members of Parliament—down to local government. Engagement and uptake were easier at the national level, but local government was more resistant.

Rather than relying on a directive from the Ministry of Finance, Planning and Economic Development, the Uganda AIDS Commission led an engagement strategy segmented for different audiences to ensure all stakeholders understood the background to the HIV mainstreaming approach, why it was important for a sustainable HIV response, and how all stakeholders could play their part in making it a success.

✓ Data were key persuasion tools

Providing statistics to show how HIV affects various sectors was vital to getting the buy-in of leaders for HIV mainstreaming. A representative of the Uganda AIDS Commission said: *“We had to present HIV’s impact on different sectors, so that they could see how it impacts them. From that they learnt that it is their mandate to address HIV among the populations that they work with and work for.”* Decision-makers started to understand the importance of developing their own context-specific HIV plans and budgets.

✓ Support for departments and institutions enabled success

A multisectoral team led by the Uganda AIDS Commission was established and tasked with meeting implementers at the district level to coach them in developing mainstreaming interventions relevant to their sectors. A representative of the Uganda AIDS Commission said: *“Many would say they had plans but no money. When they said they lacked funds, we supported them to see that they could put aside a portion of their existing budgets.”*

The development, updating and dissemination of clear step-by-step guidelines was key to improving compliance with mainstreaming by district authorities.



Recommendation

Countries should adopt HIV mainstreaming approaches to stimulate greater domestic resource mobilization for HIV. This contributes to a more sustainable response.

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Interview tool for case study informants

Introductions and context

- ▶ Welcome and introductions.
- ▶ Verbal consent.
- ▶ Explain the compendium and what it will be used for.
- ▶ Reflect bigger case to interviewees.

Background

- ▶ What was your contribution to this intervention or initiative?
- ▶ What was the situation before the intervention? What problem or need did this intervention address?

Outcomes, enablers and barriers

- ▶ Discuss the significant outcomes or changes they have seen because of this intervention (probe for outcomes on beneficiaries, systems, country in general, regionally, globally, and the HIV response).
- ▶ What enabled the success?
- ▶ What were the barriers and challenges? Which of these were overcome and how? What barriers remain?

Lessons learnt and suggestions

- ▶ Lessons from this case that could be shared with other organizations.
- ▶ Future of this intervention—what is happening next?
- ▶ Recommendations for improvement or replication.

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This report would not have been possible without a significant contribution from the following key informants, organizations and individuals:

CASE STUDY	KEY INFORMANTS
<p>“The law defends my right to be who I am”: decriminalization of same-sex relationships in Angola—a landmark success of advocacy creating a more enabling environment for addressing HIV</p>	<ul style="list-style-type: none"> • Iris Angola director • Iris Angola member • Member of Joint Team on AIDS
<p>“A grant to organize the house”: an innovative, subnational approach to ensuring impact from investment by the Global Fund in Angola</p>	<ul style="list-style-type: none"> • Global Fund consultant • Global Fund country team members • UNDP senior monitoring and evaluation specialist
<p>Young people taking charge of their health: scaling up HIV prevention for adolescents and young people in Eswatini through a holistic programme</p>	<ul style="list-style-type: none"> • Independent consultants working on Stepping Stones evaluation • CANGO grant management unit head • CANGO programme manager • CANGO monitoring and evaluation officer • CANGO programme officer • National Emergency Response Council on HIV and AIDS focal point on sexually transmitted infections

CASE STUDY	KEY INFORMANTS
<p>On the Fast-Track to youth-friendly services: scaling up integrated HIV services in informal settlements in Nairobi, Kenya</p>	<ul style="list-style-type: none"> • Government representative on Nairobi metropolitan services • Adolescents and young people who participated in programme and attended focus group
<p>Tapping the potential of public–private partnerships for primary health care in Kenya: the SDG Partnership Platform</p>	<ul style="list-style-type: none"> • UNAIDS Kenya country director and co-chair of SDG Partnership Platform • Kenya, SDG Partnership Platform national coordinator • Advisor for strategic partnerships at United Nations Resident Coordinator’s Office, Kenya
<p>It Ends With Us: addressing the drivers of violence against women and girls in Nairobi, Kenya</p>	<ul style="list-style-type: none"> • PYWV staff • Head of sexual and gender-based violence unit, Health Directorate, Nairobi Metropolitan Services • Dandora health-care workers • Programme participants who participated in focus group • Nairobi Metropolitan Services police officer
<p>Connecting during crisis: maintaining health of people living with HIV In Malawi during COVID-19</p>	<ul style="list-style-type: none"> • NAPHAM acting director • NAPHAM (Mzuzu branch) volunteer • UNAIDS focal point for strategic information
<p>Harnessing traditional leadership to increase uptake of HIV services by men and boys in Uganda</p>	<ul style="list-style-type: none"> • Buganda state media official • Youth living with HIV who participated in focus group • Member of parliament • Student representative • Clan leader • Central Broadcasting Services media representative • Central Broadcasting Services youth coordinator • Byoto beneficiaries of programme • Village health trainers
<p>Living with disabilities, living with HIV, female... and empowered: using social protection to address gender-based violence for women and girls with disabilities and HIV in Uganda</p>	<ul style="list-style-type: none"> • POWUDU director • Women and girls who attended focus group
<p>A pathway to sustain the HIV response: HIV mainstreaming as an innovative solution to increase sustainable domestic funding for HIV in Uganda</p>	<ul style="list-style-type: none"> • UNAIDS Fast-Track advisor for Uganda • Uganda Ministry of Finance and Uganda AIDS Commission consultant • Uganda AIDS Commission director of planning and strategic information • Uganda AIDS Commission head of resource mobilization

Primary and secondary sources

CASE TITLE	PRIMARY DATA	SECONDARY DATA
<p>“The law defends my right to be who I am”: decriminalization of same-sex relationships in Angola—a landmark success of advocacy creating a more enabling environment for addressing HIV</p>	<ul style="list-style-type: none"> • Interview with Iris Angola member • Interview with Iris Angola director 	<ul style="list-style-type: none"> • Discussion document on the criminalisation of HIV in Angola. Johannesburg: Southern Africa Litigation Centre; 2020 (https://www.southernafricalitigationcentre.org/2020/12/01/discussion-document-on-the-criminalisation-of-hiv-in-angola/, accessed October 2021) • Dércio Tsandzana. GlobalVoices (https://pt.globalvoices.org/author/dercio-tsandzana/, accessed October 2021) • In long-awaited victory, Angola’s only LGBT association receives legal recognition. GlobalVoices (https://globalvoices.org/2018/06/27/in-long-awaited-victory-angolas-only-lgbt-association-receives-legal-recognition/, accessed October 2021) • Many key populations avoid health services. Geneva: Joint United Nations Programme on HIV/AIDS; 2022 (https://www.unaids.org/en/resources/presscentre/featurestories/2022/february/20220221_key-populations-health-services, accessed October 2021) • Angola: legal environment assessment for HIV, and the right to sexual and reproductive health rights. New York: United Nations Development Programme; 2020 (https://www.undp.org/pt/angola/publications/angola-legal-environment-assessment-hiv-and-right-sexual-and-reproductive-health, accessed October 2021)
<p>“A grant to organize the house”: an innovative, subnational approach to ensuring impact from investment by the Global Fund in Angola</p>	<ul style="list-style-type: none"> • Interview with Global Fund Angola country team, including fund portfolio manager • Interview with consultant who developed funding request • Interview with UNDP principal recipient 	<ul style="list-style-type: none"> • Audit report: Global Fund grants in the Republic of Angola. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria Office of the Inspector General; 2020 (https://www.theglobalfund.org/media/9383/oig_gf-oig-20-003_report_en.pdf, accessed October 2021) • The Global Fund adopts a new targeted funding approach in Angola for the 2021–2024 allocation period. Nairobi: Aidspace; 2021 (https://aidspace.org/en/c/article/5490, accessed October 2021) • Angola workshop with funding request working group, 8 September 2020

CASE TITLE	PRIMARY DATA	SECONDARY DATA
<p>Young people taking charge of their health: scaling up HIV prevention for adolescents and young people in eSwatini through a holistic programme</p>	<ul style="list-style-type: none"> • Interviews with two independent consultants who worked on evaluations of programme and conducted other research • Interview with four CANGO staff members • Focus group discussions with adolescents and young people 	<ul style="list-style-type: none"> • Swaziland HIV incidence measurement survey 2: SHIMS2 2016–2017—final report. Mbabane: Government of the Kingdom of Eswatini; 2019 (https://phia.icap.columbia.edu/wp-content/uploads/2019/05/SHIMS2_Final-Report_05.03.2019_forWEB.pdf, accessed October 2021) • The Coordinating Assembly of Non-governmental Organization success story booklet. Mbabane: CANGO; 2021-Hard Copy • Stepping up the fight: an evaluation of the Stepping Stones approach to HIV prevention among adolescents and young people in Eswatini. Mbabane: Government of the Kingdom of Eswatini; 2019 (https://learn.cse.org/digital-library/stepping-stones-approach-hiv-prevention-among-adolescents, accessed October 2021)
<p>On the Fast-Track to youth-friendly services: scaling up integrated HIV services in informal settlements in Nairobi, Kenya</p>	<ul style="list-style-type: none"> • Virtual focus group discussions with health-care workers • Focus group discussions with adolescents and head of HIV unit, Nairobi Metropolitan Services 	<ul style="list-style-type: none"> • USAID Fast-Track Cities progress report February 2020–July 2021. Washington, DC: United States Agency for International Development (hard Copy)
<p>Tapping the potential of public–private partnerships for primary health care in Kenya: the SDG Partnership Platform</p>	<ul style="list-style-type: none"> • Interview with UNAIDS Kenya country director and co-chair of SDG partnership, and national coordinator, Kenya, SDG Partnership Platform 	<ul style="list-style-type: none"> • Presentation: SDG Partnership Platform, Kenya. Nairobi: National Advisory Board for Impact Investing • “Flipping the orthodoxy”: the next decade of action for the SDGs in Kenya. Nairobi: United Nations Kenya; 2019 (https://kenya.un.org/en/28725-flipping-orthodoxy-next-decade-action-sdgs-kenya, accessed October 2021) • Presentation: SDG Partnership Platform, UNFPA and others: an innovative model to accelerate equitable access to quality adolescent HIV and sexual and reproductive healthcare in Kenya. Nairobi: Children’s Investment Fund Foundation, KOIS Finance, SDG Partnership Platform, Joint United Nations Programme on HIV/AIDS, United Nations Population Fund and World Health Organization; 2021 • Lessons in multilateral effectiveness: UNDS reform. Paris: Multilateral Organisation Performance Assessment Network; 2021 (https://www.mopanonline.org/analysis/items/lessons-in-multilateral-effectiveness-unds-reform.htm, accessed October 2021) • Adolescent sexual and reproductive health in Kenya: a UN-supported blended finance approach to increasing adolescent access to SRH services. Nairobi: Children’s Investment Fund Foundation, KOIS Finance, SDG Partnership Platform, Joint United Nations Programme on HIV/AIDS, United Nations Population Fund and World Health Organization; Kenya; 2020

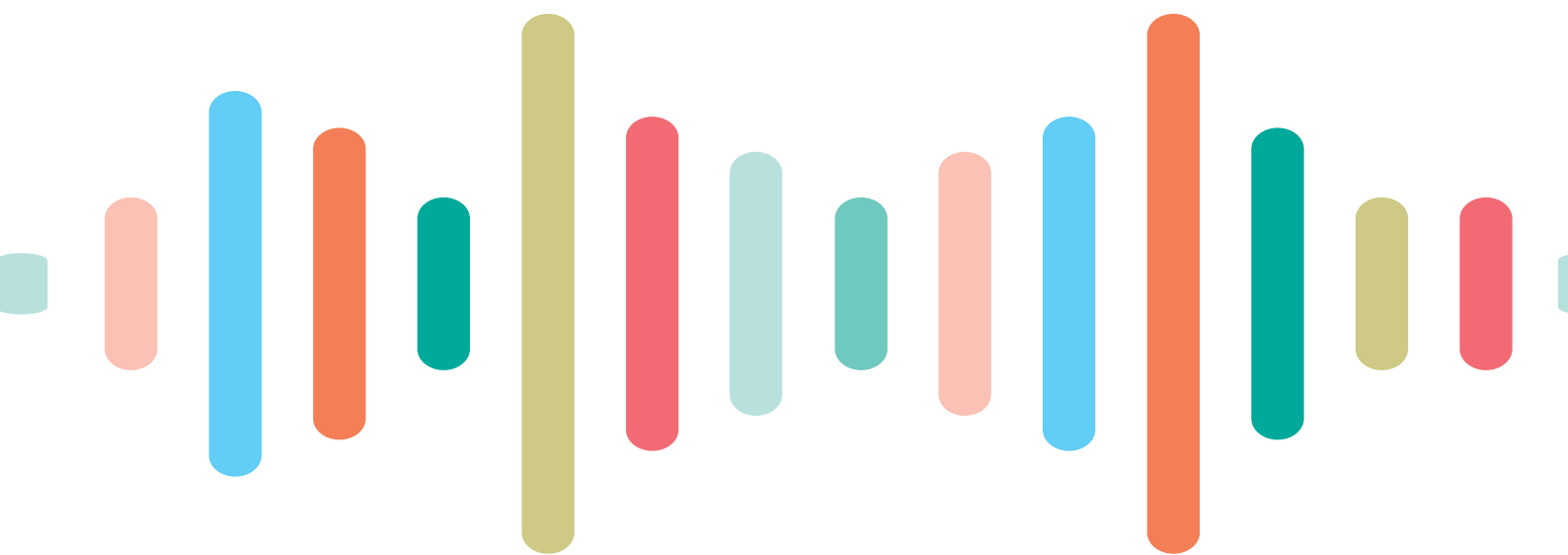
CASE TITLE	PRIMARY DATA	SECONDARY DATA
<p>It Ends With Us: addressing the drivers of violence against women and girls in Nairobi, Kenya</p>	<ul style="list-style-type: none"> • Interview with communications and community outreach manager at PYWV • Interview with demonstrative coordinator at PYWV • Interview with facilitator of violence against women and girls training at PYWV • Interview with training and facilitation and rapporteuring officer at PYWV • Interview with head of sexual and gender-based violence unit at Health Directorate, Nairobi Metropolitan services • Focus group with Dandora health-care workers • Focus group with LGBTQI beneficiaries of PYWV 	<ul style="list-style-type: none"> • Community outreach 4 report. Dandora, Kenya: Positive Young Women Voices; 2021-Programme Report-hard copy • Report on expansion of the project reaching out to HIV positive women and girls with disabilities in the Wakiso and Kampala districts of Uganda. Dandora, Kenya: Positive Young Women Voices-Programme report • Violence against women and girls cohort 10 training report. Dandora, Kenya: Positive Young Women Voices; 2021 • It Ends with Us! program, VAWG trainings, post training assessment report, phase 1. Dandora, Kenya: Positive Young Women Voices; 2021 • AJWS narrative report. Dandora, Kenya: Positive Young Women Voices; 2020–2021 • Intimate partner violence (IPV) among LBG womxn; report on LBG womxn forum. Dandora, Kenya: Positive Young Women Voices; 2021
<p>Connecting during crisis: maintaining health of people living with HIV In Malawi during COVID-19</p>	<ul style="list-style-type: none"> • Interview with NAPHAM acting director • Interview with NAPHAM Mzuzu branch volunteer • Interview with representative from UNAIDS eastern and southern Africa strategic information unit 	<ul style="list-style-type: none"> • Be in the know: at a glance—HIV in Malawi. Brighton: Avert (https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/malawi, accessed October 2021) • NAPHAM final report 2020 to UNAIDS: rapid assessment and promotion of well-being of people living with HIV in the context of COVID-19. Lilongwe: NAPHAM; 2020-Programme report-hard copy
<p>Harnessing traditional leadership to increase uptake of HIV services by men and boys in Uganda</p>	<ul style="list-style-type: none"> • Interview with members of Health Board of Directors in Buganda kingdom; chair of Health Committee (which governs 18 sub-counties of Buganda, central region); and associate member of Kingdom’s Partnership Unit • Interview with Buganda Kingdom official • Focus group with Buganda Kingdom media official, youth living with HIV, a university student representative, Byoto beneficiaries, a clan leader, a member of parliament, a Central Broadcasting Services youth coordinator, a Central Broadcasting Services coordinator, and village health trainers 	<ul style="list-style-type: none"> • The national strategy for male involvement/participation in reproductive health, maternal, child, adolescent health and rights-nutrition, including HIV/TB. Kampala: Uganda Ministry of Health; 2019 (http://library.health.go.ug/publications/sexual-and-reproductive-health/national-strategy-male-involvementparticipation, August 2022) • UNAIDS data 2021. Geneva: Joint United Nations Programme on HIV/AIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/JC3032_AIDS_Data_book_2021_En.pdf, accessed October 2021)

CASE TITLE	PRIMARY DATA	SECONDARY DATA
<p>Living with disabilities, living with HIV, female... and empowered: using social protection to address gender-based violence for women and girls with disabilities and HIV in Uganda</p>	<ul style="list-style-type: none"> • Interviews with female beneficiaries in focus group • Interview with director of POWUDU 	<ul style="list-style-type: none"> • Magambo C. Putting economic empowerment at the centre during COVID-19 pandemic: the case of HIV positive women with disabilities in Uganda. UN Uganda Bulletin, September–October 2021 (https://uganda.un.org/en/download/88931/159018, accessed October 2021) • Positive women with disabilities in Uganda puts people at the centre during COVID-19 pandemic. Geneva: Joint United Nations Programme on HIV/AIDS; 2021 (https://www.unaids.org/en/resources/presscentre/featurestories/2021/march/20210329_disabilities-uganda, accessed October 2021) • UNAIDS progress report submitted by the implementing partner, unpublished)
<p>Connecting during crisis: Maintaining health of people living with HIV In Malawi during COVID-19 through virtual SMS support</p>	<ul style="list-style-type: none"> • Interview with the Acting Director of the National Association of People with HIV/AIDS Malawi (NAPHAM) • Interview with a Volunteer from the NAPHAM Mzuzu branch, a representative from UNAIDS ESA Strategic Information Unit. 	<ul style="list-style-type: none"> • https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/malawi • NAPHAM final report 2020 to UNAIDS

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