



## Global Alliance to End AIDS in Children and Adolescents

### Update from the Eastern and Southern Africa Region: Summary of Country Consultations October-November 2023

#### I. Introduction

Although the global HIV response has led to better health outcomes for children and adolescents, children and adolescents are still not receiving the same level of HIV prevention, care and treatment as adults. In 2022, the Global Alliance was launched by governments and multisectoral stakeholders to mobilize leadership, funding and action to end AIDS in children and adolescents by 2030. Twelve countries joined the Global Alliance as inaugural partners, enshrining their commitment through the [Dar Es Salaam Declaration for Action to End AIDS in Children](#). Eight of these countries – Angola, Kenya, Mozambique, South Africa, Tanzania, Uganda, Zambia and Zimbabwe - are in Eastern and Southern Africa (ESA).

The Global Alliance implementation framework builds upon existing tools, policies and knowledge and emphasizes action through four pillars that focus on the priority actions for children as defined in the “Global AIDS Strategy 2021-2026.”

Pillar 1	Pillar 2	Pillar 3	Pillar 4
<i>Early testing and optimized comprehensive, high quality treatment and care for infants, children, and adolescents living with and children exposed to HIV</i>	<i>Closing the treatment gap for pregnant and breastfeeding women living with HIV and optimizing continuity of treatment towards the goal of elimination of vertical transmission</i>	<i>Preventing and detecting new HIV infections among pregnant and breastfeeding adolescents and women</i>	<i>Addressing rights, gender equality, social/structural barriers that hinder access to services</i>

The Global Alliance Regional Hub for Eastern and Southern Africa was formed in August 2023 with representation from the U.N., Regional Economic Communities, networks of women and young people living with HIV, and technical and implementing partners. The ESA Regional Hub is committed to supporting accelerated action in line with partner country plans by:

- Leading advocacy efforts at the regional level, while supporting global and country-level advocacy.
- Providing technical assistance in line with country-level needs and global-level plans and efforts.
- Supporting countries in monitoring and reporting on Global Alliance targets, progress, and learning and amplify that learning for greater impact.

During October-November 2023, the Regional Hub convened virtual consultations with the eight Global Alliance countries in the ESA region. The main objective of the consultations was to accelerate the implementation of the country action plans by understanding progress and challenges, generating solutions, and sharing learning. The consultations were attended by Regional Hub members and country teams comprising representatives of national ministries of health, national networks of people living with HIV, the UN, and funding, technical and implementing partners. Throughout the discussions, the challenges faced by each country were acknowledged, reinforcing the commitment to transparency and collective problem-solving.

Country teams were provided with a common template to facilitate learning across countries. Countries were paired (Kenya and Uganda, South Africa and Zambia, Tanzania and Zimbabwe) using a format that encouraged cross-country sharing. (Technical difficulties resulted in separate calls with Angola and Mozambique.)

This report summarizes the learning from the calls and presents key next steps by country and at regional level. Links to each of the country presentations can be found here: [Angola](#), [Kenya](#), [Mozambique](#), [South Africa](#), [Tanzania](#), [Uganda](#), [Zambia](#), and [Zimbabwe](#).

## II. Country status against key indicators for the Global Alliance

The Global Alliance has developed a dashboard and monitoring and evaluation framework that captures both data and policy elements. During the consultation calls, countries reported progress against indicators selected from that dashboard. Select indicators from the country presentations are presented in Table 1.

Table 1. Select Indicators by Country (source: country presentations)

	Angola	Kenya	Mozambique	South Africa	Tanzania	Uganda	Zambia	Zimbabwe
<i>EID coverage at 2 months (%)</i>	43.4	73	88	92	82	76	77	79
<i>18m final status for HIV-exposed infants (%)</i>	2.6	77.2	92	-	43.8	99	80 (24 months)	68
<i>ART coverage (0-14 years) (%)</i>	22 (UNAIDS 2023 Estimates)	79	79	57	60	72	73	64
<i>ART coverage pregnant &amp; breastfeeding women (%)</i>	80 (UNAIDS 2023 Estimates)	95	99	97	99.8	97	97	88
<i>Retention in care among pregnant &amp; breastfeeding women (%) (reported at different points in time e.g., 3 months, 6 months)</i>	N/A	93	96	N/A	92.5	72	N/A	92.8
<i>HIV retesting coverage among pregnant &amp; breastfeeding women (%)</i>	18	N/A	N/A	N/A	31	45	8	72
<i>Availability of age &amp; sex disaggregated data for HIV services</i>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<i>Social protection policies in place</i>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Use of community monitoring tools	Yes	Yes	No	Yes	No	Yes	Yes	Yes
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Note: All data (except as noted) is country health information system/programme data.

### III. Progress, Challenges and Learning

Below is a summary of progress made since the Dar es Salaam Declaration, current challenges, and learning, aligned with the four pillars of the Global Alliance.

#### Pillar 1. Early testing and optimized comprehensive, high quality treatment and care for infants, children, and adolescents living with and children exposed to HIV



All eight countries are implementing multi-modality HIV testing to improve identification of children and adolescents living with HIV, increase treatment initiation and retention, and support viral suppression. Countries are also monitoring the rollout of optimal antiretroviral therapy (ART) and generating evidence on bottlenecks to service delivery and uptake. Health systems are being strengthened through improved commodity security, health care worker training on treatment optimization, supportive supervision, improved data

management systems, and increased community engagement. Comprehensive and quality care is being promoted through cross-sectoral collaboration and client-centred programming, including addressing overlapping vulnerabilities, such as disabilities and mental health.

As a low HIV-prevalence country, **Angola** is focused on integrating HIV with primary health care services and supporting integration and optimization of Global Alliance activities through supportive supervision visits by the Ministry of Health and partners. Supervision includes reviewing point-of-care (POC) for early infant diagnosis (EID) of HIV and viral load testing using the m-PIMA analyser. The Government held meetings with partners to identify priority interventions and ensure alignment with the National HIV Strategic Plan.

In September 2023, **Kenya** launched the “Kenya Action Plan to End AIDS in Children by 2027”. This exciting launch signalled the start of a Rapid Result Initiative for 100 days that focuses on identifying children and adolescents living with HIV and linking them to treatment. Oversight and technical committees, led by the Ministry of Health with sub-national representation, communities, and partners, are supporting the Rapid Result Initiative, alongside health care worker training. Appointment and defaulter tracing are being addressed through Kenya’s electronic medical records system, bringing children and adolescents with interrupted treatment back into care. To enhance comprehensive care, multisectoral partnerships were developed with the Ministry of Education, child protection services, and multiple divisions within the Ministry of Health (mental health, reproductive health, new born and child health, and gender-based violence). Building on this momentum, Kenya plans to include priority interventions in resource mobilization submissions (Global Fund and PEPFAR).

**Mozambique** has increased EID rates and treatment coverage for children and has fully transitioned children to dolutegravir (DTG) (99% coverage) (Ministry of Health, programme data, 2023). Training

providers on the new regimens was a crucial factor in the successful roll-out. Viral suppression in children increased slightly from 72% (2022) to 73% (Ministry of Health, programme data, 2023). The Ministry of Health noted the importance of integrating psychosocial support into the newly introduced transition package that guides adolescents as they transition to adult care. New Differentiated Service Delivery (DSD) and HIV Testing and Counselling guidelines were launched, both of which address issues regarding children and adolescents. The Ministry of Health also noted the importance of using social media to promote DSD literacy.

**South Africa** reviewed the HIV testing policy to include new testing algorithms and a screening tool, revised the HIV self-screening and index testing standard operating procedures (SOPs) to include children and adolescents, trained health workers on index testing and HIV self-screening, and developed a package of care integrating immunization and HIV screening and testing. To improve clinical outcomes, universal dual prophylaxis was provided to all HIV-exposed infants, the definition of low- and high-risk infants was redefined according to viral load monitoring at delivery, and the viral suppression threshold was changed from >1000 to >50.

ART optimization continued with paediatric guidelines and educational materials issued on DTG for children, starting at 3kg and 4 weeks old. The DTG rollout was monitored through monthly provincial meetings. Children and adolescents were also included in the Differentiated Model of Care SOPs (for example, decanting, community ART, multi-drugs dispensing). To support adherence and viral suppression, adherence guidelines for social services practitioners were developed and training on disclosure counselling was conducted in 30 districts. An HIV risk assessment tool for adolescents and young people was developed, and the country is finalizing the development of a psychosocial support programme for adolescent girls and young women. Partners also trained young people with disabilities on sexual and reproductive health and rights (SRHR), providing them with equal access to SRHR information and services.

In **Tanzania**, with EID a persistent challenge, the country optimized use of Gene-Expert for EID at near-POC and increased overall coverage of ART for children (0-14 years old) from 60% to 73% (Ministry of Health programme data). Performance appraisal meetings at the regional level and facility data review meetings identified implementation and documentation challenges and solutions, helping to improve the service delivery coverage and quality. To address paediatric HIV data challenges, health care workers were trained on revised data collection tools and an electronic reporting tool that aggregates data automatically will be launched in 2024.

**Uganda** formulated an optimization plan for HIV testing and leveraged HIV testing campaigns to accelerate paediatric HIV case finding. The Ministry of Health also revised the consolidated guidelines to optimize care and treatment for all people living with HIV, including children and adolescents.

**Zambia** launched its five-year “End AIDS in Children and Adolescents Action Plan” in August 2023. There has been steady improvement in EID at two months as well as a reduced percentage of HIV-exposed infants with unknown HIV status at 24 months. Zambia’s “Know Your Child’s Status” campaign has reached 95% of planned coverage. Zambia developed SOPs for caregiver-assisted HIV self-testing and continues to procure and distribute POC platforms for viral load monitoring and EID. Zambia also rolled-out the “Cohort Monitoring Package” in a systematic approach to reduce new HIV infections in children and close the treatment gap for children, pregnant and breastfeeding women and children.

**Zimbabwe** is expanding HIV testing for children and adolescents, including conducting a paediatric surge exercise, procuring additional POC devices, and optimizing the diagnostic network for HIV EID, viral load, human papillomavirus, and tuberculosis (TB). To reduce turnaround time for EID and viral load results, Zimbabwe scaled up the laboratory information management system to 44 district laboratories, enabling clinicians to act on the results more quickly. Results are also being returned using remote web access through email, alongside SMS options. To identify undiagnosed children living with HIV, expert clients are working with health facilities to track mothers living with HIV and HIV-exposed infants in the community.

Efforts to improve health outcomes among children and adolescents included a study to identify facilitators and barriers to paediatric treatment optimization. The Ministry of Health adapted a checklist to guide the transition from paediatric to adult HIV care and is rolling out quality improvement initiatives with READY+ (Resilient and Empowered Adolescents and Young People Living with HIV). To provide comprehensive care for children and adolescents with high viral loads, the Ministry of Health established multi-disciplinary clinics in selected sites, comprising clinicians, psychologists, nutritionists, and social workers. Zimbabwe also included a mental health screening tool in the “Operational and Service Delivery Manual for the Prevention, Treatment and Care of HIV”. The launch of the “HIV-TB Public Private Partnership Strategic Framework” aimed to support scale up HIV and TB services in the private sector.

## **Pillar 2: Closing the treatment gap for pregnant and breastfeeding women living with HIV and optimizing continuity of treatment towards the goal of elimination of vertical transmission**



Countries reported that the high rates of HIV testing and ART initiation for pregnant and breastfeeding women have levelled off in recent years and retention continues to be a problem, especially among young mothers. Various strategies to improve retention were discussed, including client-centred support from mentor-mothers and/or community health workers.

Some countries are using stacked bar analyses to identify where new infections are occurring and to focus interventions accordingly, such as HIV testing for couples,

HIV self-testing, repeat testing during the breastfeeding period, counselling, support, and referral to needed services, pre-exposure prophylaxis (PrEP) for the sexual partners of women living with HIV, and condoms and contraceptives. Several countries highlighted efforts to improve retention and viral load suppression among pregnant and breastfeeding women on treatment. Countries also noted the importance of engaging women living with HIV as peer supporters and mentor-mothers. In addition, ministries of health have introduced quality improvement initiatives to address client satisfaction.

**Angola** is analysing data from a study on the factors associated with vertical HIV transmission and will use the findings to address bottlenecks in the elimination of vertical transmission. The Ministry of Health is also focused on ensuring the availability of antiretrovirals (ARVs) in all maternal and child-care units.

**Kenya** reported an increase in ART coverage among pregnant and breastfeeding women from 86% (January 2023) to 93% (September 2023) (Ministry of Health programme data, 2023.) Mentor-mothers are supporting women to remain in care and providing continuous adherence counselling on achieving viral suppression, with a special focus on adolescent and young mothers.

**Mozambique** has maintained high HIV testing and treatment initiation for pregnant and breastfeeding women. The Ministry of Health introduced a new viral load testing algorithm for pregnant and breastfeeding women, including using POC. However, SOPs are required to address the most frequently asked questions on the revised algorithm. Strides have been made in the triple elimination of HIV, syphilis and Hepatitis B, including holding a mid-term review of the triple elimination plan; increasing viral suppression among pregnant and breastfeeding women; testing 95% of pregnant women for syphilis, with a positivity rate of 2.5%; and piloting a Hepatitis B initiative in three provinces. The Ministry of Health noted that quality improvement standards would be helpful in monitoring vertical transmission indicators.

**South Africa** revised its prevention of vertical transmission guidelines to include DTG as the 1st and 2nd line regimen for pregnant and breastfeeding adolescents and women. Quality improvement on viral load monitoring is ongoing, based on the results of monthly data analysis from blood samples data. To support all mothers to know their HIV status, post-natal retesting data is being collected from facilities. South Africa also conducted an awareness campaign on infant feeding in the context of HIV, aligned with breastfeeding awareness week, and an advocacy campaign on expanding U=U campaign to include all pregnant and breastfeeding women. Both campaigns engaged people of influence from communities, such as religious and traditional leaders.

**Tanzania** noted that HIV testing for pregnant women has been sustained at 99% (Q1 2022 to Q2 2023). The percentage of women identified HIV positive slightly increased to 3.2% in Q2 2023 as from 2.8% in Q1 2022. The percentage of pregnant women with undetectable levels of HIV viral load increased from 68.7% in Q1 2022 to 77% Q4 2022 but decreased slightly to 74.4% in Q2 2023. Low retention in care among pregnant and breastfeeding women remains a challenge, especially at 24 months (70.8%) (Ministry of Health programme data, 2023).

**Uganda** conducted a quality-of-care assessment for pregnant and breastfeeding women that will serve as a baseline for further improvement. Maternal HIV re-testing reference materials were produced and disseminated to improve decision-making within health facilities. Following a pilot initiative, the Ministry of Health approved the Standard Q HIV/Syphilis combination test and Hepatitis B Rapid Diagnostic Testing to increase access to testing for triple elimination. The “National Community Engagement Strategy” was revised to include prevention of vertical transmission and to improve retention of pregnant and breastfeeding women on treatment. Monitoring systems were assessed and maternal ART data in DHIS2 was validated.

**Zambia** continued to conduct testing of Dual HIV and Syphilis, an initiative begun in 2021. Treatment coverage among pregnant and breastfeeding women was 97%. The Ministry of Health noted that improving antenatal care services for all adolescent pregnant and breastfeeding women will help reach those who are also living with HIV. In addition, differentiated service delivery for adolescent and young mothers living with HIV will help improve retention on treatment and viral suppression.

**Zimbabwe** reviewed results from the past five years and developed “The National Plan for Elimination of MTCT of HIV, Syphilis and Hepatitis B for 2023-2026”. The “National Joint HIV/STI Strategy” was updated



to include triple elimination. An information package for adolescent girls and young women on vertical transmission was translated into vernacular languages and disseminated. The Young Mentor Mothers programme expanded nationally, with the recruitment and training of additional Young Mentor Mothers.

### Pillar 3: Preventing and detecting new HIV infections among pregnant and breastfeeding adolescents and women



Countries have achieved high rates of maternal HIV testing but are struggling with re-testing pregnant and breastfeeding women who previously tested HIV negative. Documenting re-testing rates has also been challenging. Participants noted the importance of offering a comprehensive HIV prevention package to pregnant and breastfeeding adolescents and women. Countries are implementing a range of interventions, including social and behaviour change, peer support, partner testing, condoms, and PrEP. Participants reported slow uptake of PrEP and myths and

misperceptions regarding PrEP versus ART. Some countries also noted that their data on PrEP is for PrEP initiation, not retention.

**Angola** is expanding HIV testing in 12 provinces, strengthening contact tracing for sexual partners of vulnerable and key populations, and revising the national HIV prevention plan.

**Kenya** increased HIV testing at first ANC visit but documenting whether HIV re-testing is happening at labour and delivery and postnatally is still a challenge. PrEP was increasingly integrated with maternal/child health services. The Ministry of Health noted that coordination and collaboration with women living with HIV, community health promoters, and mentor mothers is critical to reduce missed opportunities for HIV testing and other prevention services.

**Mozambique** continued to implement the national HIV prevention roadmap (“Roteiro de Prevencao”). Results include an increase the number of adolescents initiated on PrEP, expanded HIV self-testing among adolescents and young people, and implementation of the national retesting strategy for breastfeeding women. An increased number of adolescents and young people were reached with combination prevention services. The Ministry of Health noted the importance of offering a comprehensive package of services for adolescents and young people that includes education and skills building on puberty, sexual and reproductive rights, contraception methods, and HIV prevention, care and treatment.

**South Africa** rolled out PrEP for pregnant and breastfeeding women, included PrEP indicators in the NIDS, and promoted PrEP messaging through “Mom Connect”. A condom communication strategy was rolled out through Higher Health Institutions; the number of youth zones were increased as a platform to reach adolescents with a package of services, including HIV testing and treatment; and the age-differentiated social and behaviour change tool for HIV prevention for adolescents was expanded to all 9

provinces. Support to adolescent and young mothers, regardless of HIV status, through mentor mothers and community workers was scaled up.

**Tanzania** made significant progress in increased maternal HIV retesting, from 27.8% in 2021 to 32.2% in 2022. By mid-2023, 43.1% of pregnant women were retested for HIV (Ministry of Health, programme data, 2023).

**Uganda** rolled out guidelines for PrEP among high-risk pregnant and breastfeeding women to more facilities and increased national advocacy for PrEP.

**Zambia** trained health care workers on STI screening and management in pregnant and breastfeeding women, revised the Peer Educators Manual for adolescents and young people, and established integrated adolescent health services, including HIV and SRHR, in 5 districts.

**Zimbabwe** developed and disseminated an HIV prevention manual for pregnant and breastfeeding women. The Catalyst Study generated evidence to increase access to multiple PrEP products, including determining scale up of long-acting cabotegravir for pregnant and breastfeeding women. To boost the use of PrEP, a risk-screening tool has been integrated into the service delivery manual. Capacity building of health workers and Adolescent SRH Committees on global standards for integrated ASRH services (HIV, STIs and unintended pregnancies) was implemented in 26 districts.

#### **Pillar 4: Addressing rights, gender equality, social/structural barriers that hinder access to services.**



Countries' initial plans emphasized the inequalities and vulnerabilities, such as poverty, food insecurity, and violence, that contribute to HIV prevention, care and treatment gaps for children and adolescents. During the consultations, all countries emphasized prioritizing removing social and structural barriers that hinder access to services and result in poorer health outcomes for children and adolescents. For example, stigma and discrimination continue to impact the use and quality of HIV and SRH services.

Participants also noted that community structures play a critical role in championing human rights and monitoring policy implementation and service delivery.

**Angola** held a national dialogue workshop with representatives of key populations to review and discuss barriers and access to health services. Thirty-seven activists from key populations received training in social mobilization. The national HIV social and behaviour change strategy was revised to foster greater involvement of sectors beyond health.



**Kenya** is working with the UN and civil society organizations to strengthen activism against gender-based violence (GBV), unintended adolescent pregnancies, HIV, and the social and structural barriers to ending vertical transmission of HIV.

**Mozambique** is engaging networks of people living with HIV and civil society in resource mobilization and programming. The need for tools to measure the effectiveness of community engagement was noted.

**South Africa** sensitized law enforcement agencies on the human rights of vulnerable populations. The South Africa National AIDS Council (SANAC) is providing technical support to provinces to develop and launch human rights charters. SANAC also developed a multi-media GBV messaging toolkit for advocates and social workers, both of whom were trained on the use of social media platforms to raise awareness about GBV in communities and encourage service utilization. Male engagement was promoted through the “Boys and Men Championing Change” programme and within community care centres where boys and men can meet to discuss HIV, SRHR, and other issues. Parenting programmes for young mothers were implemented, aimed at keeping them in school, alongside national consultations on implementing the Prevention and Management of Learner Pregnancy Policy. Food insecurity was addressed through a school feeding programme that fed 9 million learners daily. Community-led monitoring tackled human rights barriers to access health services.

**Tanzania** reported that the lack of harmonization and use of standardized community monitoring tools and indicators has negatively affected monitoring and reporting efforts.

**Uganda** is establishing community-led monitoring objectives, a workplan, and feedback mechanisms. It has also incorporated additional age and gender disaggregation in revised HMIS tools.

**Zambia** established village-based GBV one-stop centres in 3 provinces, scaled-up facility-based one-stop centres, finalized guidelines for child victims and witnesses, created GBV multidisciplinary teams in 4 provinces, and engaged the Parliamentary Committee on Gender and Equity to address the age of access to health services.

**Zimbabwe** launched the Stigma Index 2.0 in May 2023 and results dissemination is in progress. Zimbabwe is also harmonizing community-led monitoring tools and indicators. A client satisfaction survey was administered to 16,257 recipients of care and Community Consultative Dialogue Meetings and Meaningful Involvement of People Living with HIV Meetings are continuing under the guidance of the Zimbabwe National Network of People Living with HIV.

#### **IV. Country and Regional Hub Priority Actions for 2024**

The Global Alliance initiative focuses on country-led plans and priorities. Accordingly, each consultation allowed time to discuss interventions that countries will prioritize in 2024. A common priority among countries is finding older children living with HIV who do not know their status, including investing more heavily in rights-based index, family, and household testing, as well as HIV self-testing for adolescents. Participants emphasized the need for all countries to foster greater engagement of caregivers and parents of children living with HIV. There will also be concerted efforts to complete ART optimization while preparing for the introduction of new regimens. All countries noted the need to scale up viral load

monitoring and address co-morbidities to achieve greater viral load suppression. Countries also plan to increase multi-sectoral collaboration, promoting patient-centred, holistic care. Several countries expressed the need to strengthen data management for children and adolescents.

**Angola** will focus on HIV case detection, an ongoing challenge in a low-prevalence country. Community work, led by women living with HIV, will complement the social protection platform (KWENDA) to support ART adherence and retention among women. Women living with HIV will be informed on human rights, including children's rights, using findings from the Stigma Index and focusing on the main barriers to HIV testing and treatment. The Ministry of Health plans to intensify actions by all sectors involved in the HIV response to mitigate the negative impact of social determinants on HIV prevention, including revitalizing the National Commission to Fight AIDS. The Ministry of Health also aims to expand child and adolescent friendly services and peer-led support groups.

**Kenya** will prioritize developing operational tools that support new interventions, such as HIV self-testing, continued rollout of DTG and other new regimens (pALD), expanded POC, and new CD4 platforms for advanced HIV disease. The country will focus on the work of the eMTCT Validation Committee, specifically monitoring the targets in the triple elimination framework. Through the community engagement and human rights components, this process will address the vulnerabilities and inequalities that contribute towards new HIV infections among adolescent girls and young women and within high-risk areas, such as urban informal settlements. Participants noted the need to strengthen M&E and reporting tools, and increased training of health care workers to ensure HIV services are offered at primary care.

**Mozambique** plans to develop a new triple elimination plan, improve monitoring of eMTCT indicators, and heighten programmes for highly vulnerable population groups, such as refugees, internally displaced persons, and migrants, with a focus on children, adolescents, and pregnant and breastfeeding women.

**South Africa** will develop and monitor provincial implementation plans and continue to promote social mobilization, stakeholder engagement, documentation, and sharing learning.

**Tanzania** plans to strengthen the Global Alliance Task Force and coordination and to increase resource mobilization, including reallocating and leveraging funding. The country team will also monitor and cost the eMTCT Road Map and begin the validation process. Community engagement, participation, and accountability will be scaled up through the piloted family-centred approach that helps to identify children living with HIV who have slipped through the treatment gap and create demand for HIV services.

**Uganda** will prioritize implementing the “National HIV Testing Optimization Plan” to increase case identification as well as re-testing for pregnant and breastfeeding women and their partners. Accountability and coordination at national and subnational level will be strengthened through performance review meetings at district level for micro-planning and with specific support to under-performing regions. For example, the Ministry of Health, partners and district heads will conduct supportive supervision and mentorship to health facilities and districts with service delivery gaps. Scaling up and implementing integrated community models, including advocating for adequate staffing of peer-led models will also be prioritised.

**Zambia** aims to optimize case finding through orienting caregivers and health care workers on caregiver-assisted HIV self-testing for children and adolescents; saturating coverage for Know Your Child's Status,

and adapting the social network testing model for adolescents. Zambia will also develop paediatric and adolescent-specific enhanced adherence counselling SOPs to improve retention in care and guidelines for the transition from adolescent to adult care. To provide comprehensive services, Zambia will implement the triple case management model – a support team comprising a parent or guardian, a community health care worker, and a clinician, and strengthen collaboration and integration of child-focused services, including immunization and malnutrition.

**Zimbabwe** will continue EID optimization by activating all GeneXpert machines for EID and establishing additional POC testing sites. New EID GeneXpert technology that does not require a thermomixer will be introduced, helping to move EID DBS samples from centralized testing to near-POC platforms. As part of Triple Elimination, Hepatitis B elimination activities will be introduced in ANC with guidelines, SOPs, and health worker training. The Ministry of Health will strengthen treatment optimization for children, including scaling up paediatric Abacavir, Lamuvidine and DTG (pALD) fixed dose combination. Additional priorities include scaling-up PrEP, rolling-out long-acting Cabotegravir, and continuing to address stigma, disclosure, and treatment literacy gaps among children and adolescents living with HIV.

### **The Global Alliance Regional Hub**

In response to the issues that arose across countries, the Regional Hub has prioritized the following actions:

- Launch the Regional Hub website and continue to foster south-south learning by collecting and sharing country technical resources.
- Plan with global colleagues for future consultations that focus on specific themes. Possible topics that emerged include:
  - Family centred approaches to paediatric HIV case finding
  - Combination HIV prevention on ANC and PNC platforms (beyond HIV retesting and PrEP)
  - Efforts to improve paediatric viral load suppression
  - Challenges to maternal repeat testing and retention
  - Strategies for effective community engagement, community led monitoring, and stigma reduction, along with methods for measuring this work
  - Promising cross-sectoral approaches to address social and structural drivers of HIV transmission and poor treatment outcomes for children and adolescents
- Work with global colleagues to provide more clarity for countries on plans and expectations for monitoring and reporting on the Global Alliance.
- Convene follow up consultations with country teams in 2024.

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