UNAIDS

Report of the Regional Consultation on the UNAIDS Strategy 2016-2021: East and Southern Africa

23 March 2015, Johannesburg

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Executive Summary and Key Messages

Event format and overview

The main event was a one-day consultation held in a Johannesburg hotel, that used plenary and group discussions to elicit answers to the 5 questions from the UNAIDS Discussion Paper, across seven themes identified as critical for the region: Prevention, Treatment, eMTCT, Human Rights and Social Justice, Gender, Community Engagement, Political Commitment and Sustainability. One hundred and seventeen (117) participants from across the region attended; governments and programmes, civil society, communities, academia, and the UN family. In addition a high level Ministerial Panel deliberated through the day and presented a High Level Political Agenda. The event was flanked by three constituency-specific consultations: 1) an e-survey of civil society, 2) a Human Rights and Social Justice Eastern and Southern Africa regional consultation and 3) the Eastern and Southern Africa Regional Treatment Forum.

Key messages:

- The expansion of treatment has transformed how the epidemic manifests, is perceived and is responded to in the region.
- Curbing sexual transmission among young people, particularly girls and young women, is vital: without this the epidemic will remain.
- A comprehensive approach to sexuality education, along with longer-term approaches to address harmful cultural norms and underlying gender inequalities, are essential to empower young people to identify, sustain and expand effective responses to HIV.
- Key populations remain under-served, under-involved and under-represented; risks are exacerbated by stigma and discrimination.
- Communities and civil society have had, and will continue to have, key roles in expanding and sustaining prevention, treatment, empowerment and accountability and must be supported.
- Political commitment for the hard choices and for sustainability remains essential; innovative ways must be identified to sustain political commitment.

General reflections

The consultation was welcomed by participants and the opportunity to make input to the UNAIDS Strategy 2016-2021 was appreciated. The discussions were robust, thoughtful and direct. The region has a clear view of its priorities, and the directions it needs to go. There was a depth of experience from different perspectives of the HIV epidemic, that currently characterizes the region: it knows its epidemic, knows what drives it, has lived and worked with it for decades and knows what works, doesn't expect any 'quick fixes', but is also quick to recognize changes in situation, circumstance and epidemiological reality, and respond to them. There is a strong sense that the region will emerge better at the end of AIDS.

Methods

The one-day consultation held in Johannesburg on 23rd March 2015 was clustered around a number of elements:

- Wide dissemination in the region of the UNAIDS Discussion Paper "*Getting to Zero: How will we Fast-Track the Response?*"; this formed the platform for all elements of the regional consultation;
- Three constituency-specific consultations: an e-survey of civil society, a Human Rights and Social Justice Eastern and Southern Africa regional consultation, and Eastern and Southern Africa Regional Treatment Forum.
- The International Disability and Development Consortium (IDDC) submitted a draft discussion paper with regard to the pressing need for the better inclusion of people living with disabilities.
- The One-day Consultation includedused plenary and group discussions to elicit answers to the 5 questions from the UNAIDS Discussion Paper across 7 themes identified as critical for the region: Prevention, Treatment, eMTCT, Human Rights and Social Justice, Gender Equality, Community Engagement, Political Commitment and Sustainability. In addition a High Level Ministerial Panel deliberated through the day and presented a High Level Political Agenda.

Co-sponsors were closely involved in all elements: participants from regional (or sub-regional) offices of ILO, UNESCO, UNFPA UNICEF, , UNODC UNHCR, WFP, WHO and World Bank participated in the one-day consultation, and from several agencies in the Treatment Forum and Human Rights and Social Justice Think-Tank. UNWOMEN provided a written submission. Uganda UNAIDS country office submitted country consultation report. The final draft report was circulated to all participants from the one-day consultation for review.

Responses to 5 Consultation Questions

1. How will developments – globally and in the region – impact the epidemic and response in the region, sub-regions and specific countries over the next six years?

The meeting started by recognizing that we are now living in a very different world to that which first recognized the HIV pandemic two decades ago:

- The **post 2015 SDGs,** although not yet finalized, present a new context for the AIDS response as AIDS is not a standalone goal. The SDGs are a call for action to collaborate. They provide the opportunity for building on the unique lessons learned from the extraordinary AIDS response; and for building synergies with broader programmes, in particular reproductive health, gender equality, and universal health coverage.

- **Flat line international resources,** competing development priorities, and new priorities for development investment pose a challenge for the sustainability of AIDS investments and preserving the gains made.

- Some countries in the region are graduating **to high-middle and middle income level**, limiting their access to international resources - while this economic label can hide important inequalities in terms of poverty, development, and rights.

- **Health and community systems** are not at the same performance level in all countries, and

particularly weak in **the fragile states**, where the AIDS response challenges are compounded by security issues and humanitarian crises. The Ebola crisis to in western Africa has shown how important health and community systems and governance are, and the critical role of the trust people have in their governments.

In their detailed discussions, the participants enlarged on further critical changes that have taken place in the region:

- **The biggest contextual change in the region is the expansion of ART, with 8.1 million people on treatment and 78% PMTCT coverage**. This is having an impact in many ways: health services have been challenged and in many ways transformed by the demands of treatment. Quite apart from sheer burden of demand and numbers, diagnostic and treatment innovations, task-shifting and simplified regimens, a more holistic approach to patients, M-health and communications technology, and increasing integration of services are becoming more common and increasing access to services. A variety of new service delivery approaches have to be developed for: adolescents living with HIV, both in and out of school, paediatric cases, household level support, and for community services and support groups as ART becomes available in communities. These challenges and changes will continue with the need to improve retention and adherence, and to ensure people maintain an undetectable viral load. The spread of treatment is impacting and will continue to impact on prevention: people will be less infectious due to lower viral load leading to a decrease in new infections.
- **Of particular concern for the region is that while new infections has declined in all countries, the face of HIV has changed - it is now predominantly young women and adolescents who are most at risk**: 50% of the deaths from AIDS are among adolescents. In 2013, HIV incidence across countries in the region was high among women in their late teens and early 20s. This equated to 4300 new HIV infections among young women aged 15-24 years per week among 14 ESA countries. This means that prevention programmes must be scaled-up where they are most needed and comprehensive sexuality education must be provided to equip young people to make good choices: "young people who are teenagers today do not know that AIDS kills: today it is a question of choice". Harmful social and cultural norms that pre-determine gender roles, support gender inequality and undermine prevention must be addressed.
- **With respect to gender equality, there have been significant improvements in gender awareness, understanding of the role gender plays and the need for gender equality, and gender-sensitive planning and programmin**g. How to fit gender and HIV into the SDG framework will be a challenge: within this larger framework HIV is losing attention, while gender is gaining attention. The paradigm now is shifting "from gender in HIV to HIV in gender".
- **For civil society the context has changed significantly**: the 'normalisation' of treatment has meant that HIV can become a chronic illness that can be managed in the community. PLWH are now living without the 'fear of death from AIDS', and implementing a range of prevention and care programmes, and making a difference in their communities. It is important for civil society to help communities adapt to these changes. While GF support has created great space for civil society, increases in domestic contributions don't necessarily flow to civil society, and tend to be predominantly for government programmes.
- **Decentralisation is increasing throughout the region**; and there are advantages of decentralization but also challenges. Nobody knows the HIV epidemic better than those at the lowest level of managing, planning, and financing; districts can also be advocated to use their own resources. But this will require major administrative, bureaucratic, legal and regulatory

system changes; how can these be achieved without risking the gains of present systems?

- **At both regional and global level there has been an increased recognition of the need to integrate human rights, social justice, participation and equity within broader goals for universal health coverage**. These are among the 'critical enablers' of HIV programming, and thus provide scope for improved, and more focused interventions. Political commitment, evidence to inform good policy-making, and social transformation will all be needed if these gains are to be sustained.
- **Decreased donor funding** has highlighted critical sustainability issues. While some countries can well afford to allocate more of their domestic resources for HIV and AIDS, some will continue require long-term external support. Countries are slowly recognising the need to make their programming more sustainable, both with regard to systems building and in financing. There are many challenges, including: how to maximise and balance opportunities for increasing domestic funding for issues that are sometimes seen as unpopular to fund? How to strengthen health, education and social support systems to play a stronger role in HIV programming? How to be more efficient and effective in using available funding?

2. What achievements of the regional response should be expanded and built upon? Where are the main challenges and gaps? Who is being left behind and why?

- A number of prevention programmes have been successful around the region: i) community engagement ("we have killed off stigma and discrimination, which has allowed more access"); ii) changing sexual behaviours (reducing multiple concurrent partners, delaying sexual debut); iii) male circumcision, particularly among younger men; iv) peer education ("The central role of peers in how individuals respond cannot be overstated"); v) condom distribution ("Condoms work"); vi) engaging governments, parliamentarians, etc; multi-sectoral approaches ("We can't stop with the AIDS service providers; we must also reach police officers, judges, those who work in drug control"). But much better evidence of just how these prevention programmes work, and what aspects work best, is required. We need to ask what prevention programmes have not been successful, and do less of such activities; and what works well, and do more.

- Many people including key populations, adolescents and communities in remote and hard to reach areas are being left behind: internal mobile populations, young people out of school, young people at 'hot-spots' of highly risky behavior, girls and young women at risk of sexual abuse and violence, MSM, TG and sex workers, traditional leaders as role models, workers in the informal economy, people living with disabilities. Prevention programmes need to become more focused, and more targeted at these groups; not only to design programmes that will reach these groups, but also ensure that they are attractive and acceptable to these groups – "We have to get people to want to use them and to keep using them; we have to spend more time in that space".

- HIV testing remains low despite rapid scale up - only 45% of people living with HIV know their HIV status and only 10% of young men and 15% of young women (15–24 years) were aware of their HIV status in 2013.

- Only 41% of all PLHIV in the ESA region were on treatment at the end of 2013, with significant variation in coverage among countries and within countries. People are being left behind in the

roll-out of treatment: people with disabilities, those living in remote areas (such as fishing sites), refugees and IDPs who fear to access services, adolescents in boarding schools, prisoners and women who do not normally access health services, even for pregnancy and delivery. Services must be expanded and extended to reach all these people. In addition, with increasing access to services, quality of service delivery needs to be maintained – this can be costly and challenging.

- The great growth and empowering of civil society and community level engagement is a vital area to build on and take forward. "A few years back when the health could not cope, it was community systems that responded; communities provided care when it was needed when the biomedical side was overwhelmed; community structures of various kinds played a big role." These need to be built upon to support issues of adherence, stigma, demand creation, advocacy, engagement and accountability. In addition, community-driven HIV prevention regarding harmful cultural norms and practices can be done effectively through community level engagement and by civil society organisations.

- Key drivers of the epidemic for women and girls, are grounded in harmful cultural norms and practices, are multi-layered and mutually reinforcing- but also preventable. These drivers include the unequal relations between women and men, and socio-cultural norms and practices. Gender inequality remains a major issue increasingly visible and recognized; though still highly neglected. The lack of awareness, visibility and commitment to gender equality, harmful gender norms, women's and girl's agency and empowerment, sexuality, and the elimination of gender-based violence was highlighted. While there has been some progress with gender responsive policies and legislation, political commitment, strategic information, and economic empowerment programmes (such as social protection, cash transfers, livelihood interventions) all these need to be substantially built on and strengthened. Adolescents and young women and girls, particularly girls out of school, are especially neglected.

- There is increased understanding and evidence of structural drivers and the role of human rights, social justice, participation and equity in responses to HIV in the region. Some levels of increased commitment and integration of this can be seen in national, regional and global strategies, policies, plans, programmes and interventions; and some successes in improving human rights, social justice, participation and equity. There remain, however, significant gaps in the evidence, understanding, inclusion and prioritisation of specific populations (e.g MSM, transgender populations, sex workers, people who use drugs, adolescents and children, women, people living with disabilities, migrants and refugees).

- There are gaps in strengthening platforms for broader social justice movements as well as significant gaps in allocation of resources and implementation of concrete actions (e.g. law review, social protection) to strengthen the rights of key populations and promote human rights, social justice, participation and equity.

3. In order to reach the Fast-Track targets, what should be the region's strategic priorities in the response?

- **Addressing the needs of adolescents and young women and girls is a priority**. Reenergizing the prevention focus for these groups, re-directing resources for them, re-vamping political

commitment to them, and overall re-socialising of men, women, boys and girls is a fundamental key to prevention in the region.

- **For treatment the most important thing is to strengthen the health systems to build upon the scale up of treatment that has occurred**. Laboratory capacity, point of care diagnostics, service integration (HIV/TB, SRH, MNCH), task-shifting and community involvement all need to be strengthened, along with human resources, procurement and supply chain management, data management and evaluation and use of dashboards and integrated palliative care. A drastic focus on children is necessary with coverage at only 27% in the region.

- **Continuing to build evidence across the board is a priority**; increasingly accurate identification of key populations; of what works and what doesn't; pushing for concrete implementation and action based on evidence and focussing efforts on what have been shown to work (e.g. social protection, law review, improved law enforcement). Countries need to strengthen the generation and use of evidence on efficiency to inform resource allocation and strategic policy shifts; and strengthen the tracking of and accountability for resources.

- **Increased political commitment and leadership on the "hard issues" is needed**: addressing the 'critical enablers', such as human rights, the legal environment, and the chain of accountability. Countries need to promote better harmonisation of laws and legal frameworks, policies, strategies and budgets to address sub-regional and cross border issues. Some countries which are key to meeting the region's Fast Track goals, also fall within the category of countries with newly discovered mineral wealth; working with the private sector in the extractives industry in countries has the potential to reap multiple benefits.

- We need a new commitment to change, which does not require financial investment, **to address socio-cultural issues, harmful norms and practices with regard to young people and wome**n. Given the role that cultural and community leadership (eg chiefs) have the potential to play, in both advocating against harmful cultural practices, including cultural norms and adherence to laws which outlaw these practices, there is potential to also partner with this category of leaders. The African Queens and Women Cultural Leaders Network (AQWCLN) is one key network; male cultural leaders are also important actors in enforcing understandings of permissible cultural norms and practices. For example, in Malawi, the traditional leaders advocated for the raising of the legal age of marriage in Malawi from 15 to 21 years of age and many have established laws in their own districts setting the minimum marriage age for a girl at 21.

- **Addressing the needs of key population**s, such as MSM, transgender populations, sex workers, people who use drugs, adolescents and children, women, people with disabilities, migrants and refugees) is essential. A prioritized strategic approach needs to advocate for the explicit inclusion of such key populations into all parts of HIV prevention: behavioural interventions, condom promotion, accessibility of information, medical male circumcision and prevention of mother-to-child transmission.

- A number of opportunities to address sustainability issues were identified. The SADC Action Framework on Sustainability and the on-going EAC Sustainability analysis present an opportunity for the region to increase focus on sustainability; increased focus on efficiency and

cost benefit analysis which has captured private sector interest, increasing their willingness to finance health programmes; country level mobilisation of the private sector using available national business coalitions; regional initiatives to promote drug pooling/pooled procurement; work ongoing in 16 countries to mainstream and integrate HIV, Health and Gender in Capital development which should be harnessed to improve health financing; the existence of regional initiatives -The SADC Trust Fund, SADC HIV/TB initiative etc. These will need to be carefully coordinated to minimize duplication of efforts

4. What will need to change in support of those priorities? What are the "game-changers" – in terms of policy and law reform, funding, resource allocation, partnerships, service delivery, empowering civil society, science and innovation, and links with other health and development efforts?

A new paradigm for the AIDS response is required in the region to accelerate implementation where the gaps are and leave no one behind. This means focusing in ensuring effective implementation and service delivery of the right programs, at the right place, for the right people, at the right time.

- **Re-invigorating prevention**: Success or failure in preventing sexual transmission in the region is the defining factor towards the vision of zero new HIV infections. Prevention of sexual transmission must be re-vitalised and focused where new infections are taking place. We need both specific prevention programmes (eg comprehensive sexuality education, condom distribution, etc) and broader programmes that address the drivers and under-lying norms - to 're-socialise' boys and young men, empower girls and young women, and re-calibrate the mind-sets of adults and leaders.
- **Investing in young people, with a particular focus on young women and girls is vitally important.** A number of new initiatives have started – "All In", recently launched under the leadership of UNICEF, will expedite the response for adolescent in the ESA countries; PEPFAR launched in December 2014 the "Dreams" initiative to accelerate implementation of programs for young women and girls several of the region. Comprehensive sexuality education is gathering momentum: this will help address structural factors at community level to reduce gender-based violence, ensure gender equality and build resilient, educated and independent young women. Young men must not be forgotten: prevalence among young men rises at about the same rate as among young women but approximately 5 years later. Countries are investing resources in Voluntary Medical Male Circumcision; however, uptake and demand remains low, with only five million men/boys circumcised thus far against a target of 21 million by 2015. **Key populations** – sex workers, gay people and men who have sex with men, injecting drug users, migrants and others left behind remain a sensitive topic, and much more must be done to ensure access to health and social services for these groups. We have to make the commitment of states to equality, and universal access to services, a reality for these populations, pragmatically managing the social, cultural, economic and legal obstacles.

- **Urbanization** is an evolving phenomenon in ESA countries that brings development and vulnerabilities. Cities in many countries are not only disproportionally affected by the HIV epidemic but often have large informal areas in which HIV prevalence is often high and heightened vulnerabilities. It is imperative that partnerships are established with local government and civil society and the institutional structures of cities to identify and implement a locally designed response in the high-burden cities.

- **Effective and efficient service delivery** is at the core of successful implementation to reach the 90/90/90 treatment targets. The number of people receiving treatment will have to roughly double, the number of people getting tested must double, and people must have access and stay on treatment. Strengthening all aspects of health systems is needed: working for integration and greater efficiency in service delivery, getting better, localised allocation of resources, building greater community linkages and participation, will all be critical.

- **Political commitment at all levels and resources** are essential to expand the necessary new models of local responses and community service delivery for prevention, testing and treatment being rolled out. Leadership, both central and local, both traditional and institutional must be mobilised and sustained. Communities must be mobilised to ensure the quality of services, and to hold service delivery providers accountable.

- **Sustainability, partnership and shared accountability** of the AIDS response are essential. Overall, the financing needs of the HIV response will remain substantial for many years to come, with current commitments becoming increasingly out of line with future fiscal liabilities. To achieve the goal of a sustainable response, we need to follow two paths: 1) to be more effective with available resources and 2) develop innovative financing mechanisms: such as the new initiative between SADC Ministers of Health and the private sector in establishing a Health Trust Fund.

- **Partnership** to articulate, address and resolve the needs of the region is essential. Partnerships need to be strengthened and expanded, and effective platforms for sustaining them put in place.

5. What are the most critical ways in which the UNAIDS Joint Programme can support efforts in the region to end AIDS as a public health threat by 2030?

- A vital role for the UN is to generate evidence, model strategies, analyse contexts and support ownership of evidence-based strategies. The participants called upon UNAID to develop a robust monitoring plan to follow-up on country progress in achieving goals and priorities. It will be particularly important to ensure age and sex disaggregation in all data; to improve GBV data, and to ensure that these are institutionalised in country M&E systems. The Ministers called on UNAIDS "To inform us about evidence-based interventions, what works and doesn't work, and high-impact interventions, so we know where to put the money to get the highest impact."

- Another key role for the UN will be capacity strengthening and technical support at national level, to amplify local voices, build accountability, strengthen coordination. The UN can create space for young people (especially young women and girls) to contribute and participate. This is also needed at regional level, facilitating platforms to bring a range of organisations and sectors together, with high-level advocacy for sustainable financing and ownership, and accountability for action.

- UNAIDS should support the capacity-building of civil society organisations and communities to implement programmes and support the investment in a dashboard and situation room to track

programmatic progress and enable real-time monitoring on a national basis.

- UNAIDS should use its convening role to bring together the diverse partners and use the credibility of the UN/UNAIDS to influence political leaders. Leaders can time their advocacy to before or after elections.

Additional issues raised during the consultation process

From the High-Level Ministerial Group and Panel:
We have to recognize key populations and work through the structures that bring services closer to these populations. We need to develop formal contracts with civil society organizations to implement programmes, which governments should fund.

Focus on local-level HIV epidemic dynamics:
The Southern African Development Community (SADC) and the Intergovernmental Authority on Development (IGAD) should bring common cross-border issues to the ministers as a joint agenda: "Let's have one common and formalised agenda" for all the cross-border issues (truck drivers, fisher-folk), zooming in on the specific communities."

Demystify HIV: "*It is cheaper to talk about it and break the norms now than to treat tomorrow.*"

Support First Ladies and Champions**:** who can be emotional or neutral advocates with high political leaders. We should empower traditional and community leaders to be "the champions" of the change we want to see, rather than start implementing our programs themselves.

Domestic Financing – Owning the Agenda**:** "We need to be champions to increase domestic financing, because by putting money on health we strengthen political and social capital." The utilisation of resources is as important as raising the funds: "We need to set our priorities right; when we talk about strengthening service delivery, we need to put our money behind it." Also, we need to give ourselves targets for domestic financing, including small targets and milestones (in addition to convincing the Ministry of Finance to expand domestic funding), and be accountable for the rhetoric to foment action. We also need to share our plans and targets with partners at the regional level for feedback.

Annex 1 List of participants

Eastern and Southern Africa Regional Multi-Stakeholder Consultation on UNAIDS Strategy 2016 - 2021 Johannesburg, South Africa 23 March 2015			
	LIST of DELEGATES		
Country	**Name**	**Position**	**Institution / Organization**
Angola	António Coelho	Executive Secretary	ANASO Angola
Botswana	Makhamokha Mohale	Executive Secretary	Champions for an AIDS-Free Generation
Botswana	Mr. Tshepho Mophuting	Programme Planning Manager	NACA Botswana
Botswana	Mr. Anders Pedersen	Resident Representative and UN Resident Coordinator	UNDP
Ethiopia	Emmanuel Etim	Pan African Coordinator	Africa Civil Society Health Partnership Forum
Ethiopia	Tinos Kebede	Program Manager	National Network of Positive women in Ethiopia
Ethiopia	Dr. Tsehaynesh Messele	Chief Executive Officer	ASLM
Ethiopia	Amitrajit Saha	Senior Advisor HIV and Human Rights	UNDP
Ethiopia	Tilly Sellers	HIV, Health and Development Team Leader	UNDP
Kenya	Sylvie Bertrand	Regional Advisor, HIV/AIDS	UNODC
Kenya	Anne Ireri		KELIN
Kenya	Wanjiku Kamau	Regional Representative	International AIDS Alliance
Kenya	Mr. James Macharia	Cabinet Secretary	Ministry of Health
Kenya	Irene Njoki Mirithu		Ministry of Health
Kenya	Dorothy Onyango		PAPWC
Kenya	Violet Shivutse	Global Civil Society Advisory Group Member	HUAIROU Commission of the Global Coalition of Women and AIDS
Kenya	Mr. Jeffrey Walimbwa	Civil Society Programme Officer	ISHTAR MSM
Kenya	Natalia Winder Rossi	Senior Social Policy (Social Protection) Specialist	UNICEF

Lesotho	Ms. Mamello Makoae	Executive Director	Lesotho Network of AIDS Service Organizations (ENASO)
Lesotho	Mr. Tlelase Ausiel Mokhele	Coordinator	Young Positive Network
Madagascar	Dr. Miaro Zo ANDRIANOELINA	Technical Support and Strategic Planning Process Department	National AIDS Committee
Malawi	Mr. Davie Kalomba	Acting Executive Director	NAC Malawi
Malawi	Ms. Mary Pat Kieffer		Elizabeth Glaser Pediatric AIDS Foundation
Malawi	Rev. MacDonald Sembereka	Executive Director	MANERELA+
Mozambique	Mr. Rui Joaquim Maguene	Disability & HIV Advisor	Civil Society Platform
Namibia	Mr. Casper Erichsen	Executive Director	Positive Vibes
Namibia	Dr. Norbert Forster	Deputy Permanent Secretary	Ministry of Health and Social Services
Namibia	Tikhala Itaye	Vice President	AfriYAN Namibia
Seychelles	Mr. Ronny Arnephy	Président	Ravane Océan Indien
Seychelles	Mrs. Peggy Vidot	Principal Secretary	Ministry of Health
South Africa	Dr. Fareed Abdullah	Chief Executive Officer	SANAC
South Africa	Asa Anderson	Regional Programme Coordinator (SRHR-HIV Linkages)	UNFPA
South Africa	Ms. Anu-Elina Autio	Second Secretary External Economic Affairs & Culture	Embassy of Finland
South Africa	Bernd Appelt?	HIV/AIDS Prevention Programme	GIZ
South Africa	Thanduxolo Doro		Network of African People Living Positively, African Region (NAP+SAR)
South Africa	Valentine Douala Mouteng		Standard Bank
South Africa	Amanda Banda		MSF Belgium, South Africa
South Africa	Dumisani Gandhi		Canadian Government
South Africa	Dr. Vanessa Govender	Chairman of the Board	SABCOHA – South African Business Coalition on Health & AIDS
South Africa	Shungu Gwarinda	Country Director	Mothers2Mothers
South Africa, Swaziland	Onias Hlungwani	Advocacy Manager	Voluntary Services Overseas- Regional AIDS Initiative Southern Africa (VSO-RAISA)
South Africa	Mary Kau		Swedish Workplace HIV/AIDS Programme

South Africa	Bafana Khumalo	Sonke Gender Justice,	Sonke Gender Justice
South Africa	He-Jin Kim	Regional LGBTI Programme Officer	Aids and Rights Alliance Southern Africa (ARASA)
South Africa	Naume Kupe	ESA Programme Manager	RIATT
South Africa	Simphiwe Mabhele		ILO
South Africa	Patricia Machawira	Regional Adviser HIV/AIDS	UNESCO
South Africa	Joan Marston	Chief Executive	International Children's Palliative Care Network
South Africa	Buhle Mabaso		SAfaids
South Africa	Tamara Mathebula	Health, HIV and AIDS Adviser	Irish Aid/Embassy of Ireland
South Africa	Reiko Matsuyama		IOM
South Africa	Hilary Mathews	Consultant	UNAIDS
South Africa	Asha Mohamud	Youth Specialist Advisor	UNFPA
South Africa	Daniel Molokele	Executive Director	AIDS Accountability International
South Africa	Erasmus Morah	Country Director	UNAIDS South Africa
South Africa	Sethembiso Mthembu	Regional Director	ICWSA (in full)
South Africa	Mrs. Lynette Mudekunye		Regional Psychological Support Initiative (REPSSI)
South Africa	Dr. Dirk H. Mueller	Regional Health Adviser	DFID Regional Office
South Africa	Busi Nkosi	Advocacy Director	International Children's Palliative Care Network
South Africa	Ms. Nadia Ottiger	Head of Domain, HIV/AIDS	Swiss Agency for Development and Cooperation
South Africa	Matseliso Pule		SANAC
South Africa	Natalie Ridgard	Communications Adviser	UNAIDS South Africa
South Africa	Petro Rousseau	Prevention Advisor	SANAC
South Africa	Rev Sekete	Program Manager	National Network of Religious Leaders Living with and Personally Affected by HIV and AIDS, Africa Region (INERELA+/Africa)
South Africa	Tlangelani Shilubane	HIV Prevention Specialist	UNFPA
South Africa	Erin Tansey	HIV Advisor	WFP

South Africa	Dr. Heidi Van Rooyen	Research Director	Human Science Research Council (HSRC)
South Africa	Lyn van Rooyen	Director	CABSA
South Africa	Ricardo Walters		Out of Phase Facilitation, Consulting, and Support Services
South Africa	Nonhlanhla Xaba	HIV/AIDS Programme Officer	WFP
South Sudan	Hon. Dr. Esterina Novello Nyilok	Chairperson	South Sudan AIDS Commission (SSAC)
Swaziland	Hon. Sibongile Ndlela-Simelane	Minister of Health	Ministry of Health
Swaziland	Dr. Velephi Okello	Deputy Director of Health Services	Ministry of Health
Tanzania	Dr. Fatma Mrisho	Executive Chair	Tanzania Commission for AIDS (TACAIDS)
Tanzania	Olive Mumba	Acting Executive Director	Eastern Africa National Networks of AIDS Service Organizations (EANNASO)
Uganda	Musah El-nasoor Lumumba	Team Leader	Uganda Youth Coalition on Adolescent Sexual and Reproductive Health Rights and HIV/AIDS (CYSRA-Uganda),
Uganda	Michela Martini	HIV Advisor ESA Uganda Coordinator	IOM
Uganda	Lydia Mungherera	Chief Executive Officer	ICW and Mama's Club
Zambia	Hon. Dr. Chitalu Chilufya	Deputy Minister of Health	Government of Zambia
Zambia	Dr. Jabbin Mulwanda	Director General	National HIV/AIDS/STI and TB Council
Zambia	Mr. George Nyendwa	Mayor of Lusaka	Zambia - Mayor of Lusaka
Zambia	Kenly Sikwese	Coordinator	AFROCAB
Zimbabwe	Yunah Bvumbwe	Outreach Officer	Youth Engage, Zimbabwe
Zimbabwe	Lois Chingandu	Civil Society Officer	SAfaids
Zimbabwe	Angeline Chiwetani	Executive Director	Widows Fountain of Life (WFoL)
Zimbabwe	Tapiwanashe Kujinga	Civil Society Officer	PATAM
Zimbabwe	Dr. Tapuwa Magure	CEO	NAC Zimbabwe

Zimbabwe	Dr. Fabian Ndenzako	HIV/AIDS Focal Point	WHO (IST/ESA)
Zimbabwe	Philimon Simwaba		Disability HIV and AIDS Trust (DHAT)
Zimbabwe	Tendayi Westerhof	Secretary	PAPWC
USA	Jamila Headley	Managing Director	Health Gap
UNAIDS	Dr. Kent Buse	Chief of Strategic Policy Directions	UNAIDS HQ
UNAIDS	Dr. Mbulawa Mugabe	Director of Country Impact and Sustainability	UNAIDS HQ
UNAIDS	Dr. Joel Rehnstrom	Director of Planning and Finance	UNAIDS HQ
UNAIDS	Fode Simaga		UNAIDS HQ
UNAIDS	Dr. Sheila Tlou	Regional Director	UNAIDS RST-ESA
UNAIDS	Dr. Pierre Somse	Deputy Director	UNAIDS RST-ESA
UNAIDS	Sandra Aslund	Project Officer (Sida)	UNAIDS RST-ESA
UNAIDS	Eleanor Gouws	Senior Strategic Information Advisor	UNAIDS RST-ESA
UNAIDS	James Guwani	Strategic Information Advisor	UNAIDS RST-ESA
UNAIDS	Jane Kalweo	Global Outreach Advisor	UNAIDS RST-ESA
UNAIDS	Felicity Khoza	Programme Assistant: Directorate	UNAIDS RST-ESA
UNAIDS	Paska Kinuthia	Youth and Social Organization Officer	UNAIDS RST-ESA
UNAIDS	Michel Kouakou	Regional Operations Manager	UNAIDS RST-ESA
UNAIDS	Charity Makanda	UNAIDS RST-ESA	UNAIDS RST-ESA
UNAIDS	Jacqueline Makokha	Senior Community Mobilization Advisor	UNAIDS RST-ESA
UNAIDS	Faith Mamba	Senior Investment & Efficiency Advisor	UNAIDS RST-ESA
UNAIDS	Sophia Mukasa Monico	Senior Gender Advisor	UNAIDS RST-ESA
UNAIDS	Bechir Ndaw	Senior Human Rights & Law Advisor	UNAIDS RST-ESA
UNAIDS	Caroline Ntchatcho	Executive Officer	UNAIDS RST-ESA
UNAIDS	Petrus Phiri	Senior Transport Manager	UNAIDS RST-ESA
UNAIDS	Jyothi Raja	Senior Strategic Interventions Advisor	UNAIDS RST-ESA
UNAIDS	Iris Semini	Senior Investment & Efficiency Advisor	UNAIDS RST-ESA

UNAIDS	Saul Sengane	Transport Manager	UNAIDS RST-ESA
UNAIDS	Gregory Smiley	Strategic Interventions Advisor	UNAIDS RST-ESA
Consultant	Peter Godwin	Consultant	UNAIDS RST-ESA
Consultant	Mary O'Grady	Consultant	UNAIDS RST-ESA
Consultant	Philip Schedler	Photographer	

Annex 2 Event Agenda

Programme Outline
Eastern and Southern Africa Regional consultation on UNAIDS Strategy 2016 - 2021
Monday 23 March 2015 0800 – 1730

Crown Plaza Hotel, Rosebank – Sandton, Johannesburg
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Monday 23 March 2015		
Time	**Agenda**	**Facilitator /presenter**
0730 – 0815	Registration	
0815 - 0830	Opening remarks and objectives of the consultation Review of days programme and participants expectations	Dr. Pierre Somse; Deputy Director, UNAIDS RST ESA Peter Godwin, Lead Facilitator
Session 1: Setting the scene		
Session Chair: Dr Fatma Mrisho, Tanzania Commission for AIDS (TACAIDS)		
0830 - 0840	Video streaming	
0840 - 0900	Welcome and overview of the epidemic and the response in the region	Prof. Sheila Tlou, Director, UNAIDS Regional Support Team, ESA
	Plenary discussion	
0900 - 0920	Fast track to end AIDS by 2030 - UNAIDS Strategy 2016 -2021: Overview (plenary presentation)	Mbulawa Mugabe, Director, Country Impact and Sustainability; UNAIDS Geneva Kent Buse, Chief, Strategic Policy Directions, UNAIDS Geneva
0920 – 1000	**Plenary discussion**	
1000 – 1020	Introduction to the breakout sessions	Peter Godwin, Lead Facilitator
Session 2: Break-out sessions to respond to key questions – detailed guidance for group work to be provided (Coffee and tea will be served in the breakout rooms)		
1020 – 1300		**Thematic group work - Chair; Technical discussant; Rapporteur, Name of Room**
Round table on high level political agenda for HIV post 2015		**Convenor**: Prof. Sheila Tlou **Rapporteur:** Iris Semini

	Room: **Executive Boardroom**
Group 1: Prevention with a focus on key populations, populations left behind; sexual transmission, girls and young women, and youth	**Chair:** Dr Norbert Foster **Technical discussant**: Wanjiku Kamau **Rapporteur:** Greg Smiley **Room**: **Dalasi**
Group 2: HIV Treatment and EMTCT: the integrated response	**Chair:** Dr. Velephi Okello **Technical discussant**: Dr Fabian Ndenzako **Rapporteurs**: Bizwick Mwale **Room**: **Pula**
Group 3: Human rights and social justice: Participation and equity	**Chair:** Rev. MacDonald Sembereka **Technical discussant:** **Rapporteur:** Kitty Grant **Room: Kwacha**
Group 4: Gender: Equality and gender-based violence	**Chair:** Prof Rachel Jewkes **Technical Discussant:** Samantha Williams **Rapporteur:** Violet Shivutse **Room**: **Dinar**
Group 5: Community level engagement in service delivery: demand, supply and accountability	**Chair:** Lois Chingandu: **Technical discussant**: Ricardo Walters **Rapporteur**: Tendayi Westerhof **Room: Cedi**
Group 6: Political commitment: the hard choices	**Chair:** Dr Takuwan Magure **Technical discussant:** Prof. Nana Poku **Rapporteur:** James Guwani **Room: Nakfa**
Group 7: Sustainability: efficiency, innovation and integration	***Chair:*** Mr Tshepho Mophuting **Technical discussant:** Davie Kalomba **Rapporteur:** Faith Mamba **Room*:* Breakout room 1st floor (name TBC)**
1300 - 1430	**Lunch break**

Session 3: Report Back and feedback from participants

Session Chair: Dr. Jabbin Mulwanda, Director General, National HIV/AIDS/STI and TB Council, Zambia

1430 - 1500	**Plenary discussion –** What are 'game-changers'?	
1500- 1630	Presentation of summary of group	Peter Godwin, Lead Facilitator

	outputs Plenary discussion	
1630 – 1645	**Coffee/tea Break**	
	Session 4: Closing	
	Session Chair: Dr Tapuwa Magure, CEO, NAC Zimbabwe	
1645 - 1700	Partnership platform to Fast Track the AIDS response in the ESA Region	Dr. Pierre Somse, Deputy Executive Director, UNAIDS ESA
1700 - 1730	Panel with Ministers of Health to reflect on the way forward **Closing**	
1800 - 2000	Refreshments	