

SADC HIV AND AIDS Work Plan 2012/13



1. Introduction

This document is a work plan for the SADC HIV and AIDS Unit for the year 2012/13. The plan is drawn from the SADC HIV and AIDS Implementation Plan and the integrated SADC HIV and AIDS Business plan for the period 2010 to 2015. The plan is a reflection of the results to be achieved as a region; and the associated actions the secretariat will assume accountability for to help ensure regional results. The plan has followed a result based planning in order to demonstrate linkages from activities implemented to output results and finally to outcome results. The plan is from April 2012 to March 2013 in line with the SADC fiscal year.

1.1 Focus for the 2012/13 work plan

The 2012/13 work plan is developed against a background of only 3 years remaining to the MDG year of **2015**, which is the year at which MDG targets are supposed to have been attained. The Plan has also taken into account the outcomes of the HLM meeting held in June in 2011 and the results of the post HLM review meeting by the 2011 Directors of National AIDS Authorities meeting resolutions. Science elude to the fact that the fight against HIV and AIDS will not be won if the needs of *key populations i.e sex workers and IDUs within the context of HIV and AIDS are not addressed*. Further, the plan acknowledges the reality of diminishing external resources to finance HIV and AIDS Programmes hence calls for on sustainable financing options for the SADC region. *Integration of HIV and AIDS into broader health delivery is also an option for leveling resources in order to achieve targets*. To this end the plan has focused on the following areas:

1. **Enhanced Capacity building** to Member States to implement the agreed protocols, guidelines and commitments. Member States focal persons will be trained on the use of all guidelines that have to date been agreed upon. These will include among others, the STI Framework, PMTCT minimum standards, HTC standards and Framework for mobile populations. In addition, capacity of MS in areas of evidence based prevention and SRH will be strengthened. A Prevention Curriculum for the region will be developed. .
2. **Facilitate leadership dialogue on critical issues:** The leadership structures will dialogue with the view of finding solutions on issues pertaining to measures for improving domestic financing for HIV and AIDS Programmes, measures for strengthening the multisectoral coordination of the national HIV and AIDS response in light of the changing regional and global landscapes, TB and AIDS in the mining sector and challenges facing orphans and vulnerable children. Structures like the SUMMIT of Heads of States and Governments, Ministers of Health, HIV and children and Directors of National AIDS Authorities will dialogue on these issues in order to provide policy direction for the response.
3. **Accelerated implementation of programmes for mobile population:** The programme will focus on implementing programmes for mobile populations as defined in the SADC HIV and AIDS Cross Border Initiative. An addition 24 mobile clinics to provide HIV testing, STI treatment, behaviour change programmes and TB referrals among others will be establish at selected border sites of the 12 in-land SADC Member States. Monitoring of the Cross Border Initiative will be intensified to ensure success. A Sero Survey, specific to

mobile population will be undertaken in order to determine the extent of the HIV and AIDS problem. Information from the Sero Survey will guide service delivery.

4. **M&E** - SADC M&E initiatives are intended to facilitate harmonisation of M&E activities, and effective tracking and reporting on regional progress in implementation of regional, continental and global HIV and AIDS commitments. Reporting on the progress of the business plan itself will be a key action of M&E. In addition, the Programme will collaborate with UNAIDS to produce Epidemic Progress Reports in order to gauge response to the epidemic. The Epidemic Progress Reports will be discussed with the various decision making structures of SADC including the Joint Ministerial Committee of Health and HIV. Performance monitoring will be undertaken to beneficiaries of the SADC Fund and also to the SADC Cross Border Initiative. The Secretariat will also facilitate a process defining national and regional targets contributing to the UN HIV & AIDS HLM targets.

1.2 Key Annual Results

- Country specific plans for improving domestic financing for HIV and AIDS Programmes in place
- Advocacy with selected SADC Heads of States and Government to repeal laws and practices that negatively impact on the HIV and AIDS response
- Capacity of Member states implement approved guidelines and frameworks strengthened
- HIV Prevention curriculum developed
- 24 Cross Border Wellness Clinics established and fully operational.
- 13 Joint HIV and AIDS Programmes financed by the SADC Fund implemented and progress monitored.
- Supranational Laboratories for HIV, TB and Malaria established
- MS are tracking and reporting on core set of HIV and AIDS, and TB-HIV collaborative indicators plus report of HLM targets
- All Member States access on-line to HIV and AIDS and other technical information available to MS from the regional level
- Regional HIV and AIDS Epidemic Report developed and shared with stakeholders

Outcome result (2010-2015)	Output results	Priority actions for 2011/12	Activity for 2011/12	Driver	Collaborative Institution	Q1	Q2	Q3	Q4
1. 1 Proactive leadership and champions to drive the HIV and AIDS epidemic identified	1.1.1 SADC HIV and AIDS Leadership programme implemented by 2012	1.1.1.1 Maintain and facilitate improved functioning of the existing policy and coordination structures - Ministerial Committee on HIV and AIDS, NAA Forum , Partnership Forum, Technical Advisory Committee, RCM and Editors forum	1.1.1.1.1 Facilitate dialogue for action by Directors of National AIDS Authorities on strategies for improving domestic financing for HIV and AIDS Programmes and strengthening the multisectoral coordination of the national HIV and AIDS responses.	DS	UNAIDS				
			1.1.1.1.2 Re-constitute the HIV and AIDS Technical Advisory Committee to approve plans and report of the SADC HIV Program	DS					
			1.1.1.1.3 Strengthen the role of CSOs on human rights issues in the context of HIV and AIDS in relation to key populations through the Partnership forum	DS	UNAIDS				
			1.1.1.4 Conduct 3 country visits in support of the champion for HIV free generation	AH	Champion for HIV Free Generation				

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			1.1.1.1.5 Attend to the Champions HIV free generation meetings	AH	Champion for HIV Free Generation				
			1.1.1.6 Convene policy meeting for Minister of health and Responsible for HIV and AIDS	AH					
		1.1.2 Coordinate capacity development for to implement the harmonised policies	1.1.2.1 Train focal persons for the domestication of the Minimum policy stds for prisons and IDU	BM	ADB				
			1.1.2.2 Train focal persons for domestication of mobile population CD framework	BM	IOM				
			1.1.2.3 Train focal persons for domestication of Gender mainstreaming guidelines and tools for CD	IMM	Gender Unit				
			1.1.2.4 Develop practical guidelines on reinforcing and strengthening integration of HIV and AIDS into the broader SRH plus the entire health sector in collaboration with WHO	BM	WHO Sida				

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		1.1.3. Capacity Building and integration of OV&Y	1.1.3.1 Train MS on Minimum Package of OVCY Services	MD	REPSSI				
1.2 All MS have in place effective, evidence-based and coordinated responses to HIV prevention needs of men, women, youth, children and other populations at particular risk by 2015	1.2.1 HIV and AIDS Managers at regional and MS levels have the capacity to develop, implement and monitor evidence-based HIV prevention by end of 2011	1.2.1.1 Coordinate capacity development for prevention	1.2.1.1.1 Finalise HIV prevention curriculum	VC AM	MSH UNAIDS				
		1.2.1.1 Facilitate programmes for mobile populations and other MARPs to access prevention services in all MS regardless of legal status	1.2.1.1.1 Support implementation of the SADC HIV and AIDS Cross border programme – see attached Cross Border Plan	GFMU	LFA North Star Walvis Bay Group				

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			Conduct sero-survey among mobile population	WHO	GFMU				
			1.2.1.1.2 Review implementation of the HIV fund joint proposals Round 1 of the SADC HIV and AIDS Fund	AM	MS				
			1.2.1.1.3 Monitor the sub-grantees of the SADC HIV Fund and cross border initiative	AM DS PN IM	SUB-grantees				
			Develop a financing mechanism to facilitate operationalisation of mobile population framework	IMM	IOM				
		1.3.1 Advocate for the implementation of the SADC HIV Prevention Strategy	1.3.1.1 Convene the Prevention/research Working Group (PWG) meeting	AM	MSH UNAIDS WHO				
2.1 The SADC region is able to meet universal access to effective HIV, AIDS and TB treatment, care	2.1.1 Women, men and children benefit from harmonized and sustainable	2.1.1.1 Develop and finalise harmonised guidelines and minimum standards in areas of priority public	2.1.1.1.1 Develop minimum standards for AIDS Treatment	BM IMM					

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and support and MDG targets by 2015.	strategies and policies for quality, treatment, care and support by 2015	health importance by end 2012 (including routine testing of HIV positive patients for TB and vice versa; prophylaxis, ART, CTX, and MDR-TB including treatment of children and mobile populations)							
		2.1.1.2 Capacitate MS to adopt and implement regional guidelines	2.1.1.2.1 Conduct country visits to disseminate guidelines and protocols and follow up on progress on commitments	DS	SADC Directorates				
		2.1.1.3 Facilitate documentation and sharing of learning and best practices in treatment, care and support	2.1.1.3.1 Continue to Document Pediatric HIV and AIDS treatment and OVC	MD	UNICEF				
			2.1.1.4.1 Convene dialogue meetings on access to HIV and AIDS services for key populations within the context of Human Rights	DS	Sida UNAIDS				

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2.2 Access to quality HIV and AIDS, TB and other essential drugs, medical supplies and technology is sustained by 2015	2.2.1 SADC Pharmaceutical Plan for AIDS, TB and Malaria implemented by 2015	2.2.1.1 Facilitate the development of key systems and initiatives e.g. pooled procurement of essential medicines and supplies	2.2.1.1.1 Conduct study on bottlenecks and constraints on procurement and supply of medicines	JM	DFID				
			2.2.1.1.2 Conduct Training workshop for Laboratory experts	JM	ADB				
			2.2.1.1.3 Establish Supranational Laboratories for communicable diseases	IM	ADB				
3.1 HIV, AIDS and TB/HIV co-infection and gender issues are effectively integrated into the SADC Sectors by 2012	3.1.1 HIV/AIDS/TB, Gender mainstreamed at SADC Secretariat and key sector levels by 2013	3.1.1.1 Facilitate the mainstreaming Agenda in the SADC Region	3.1.1.1.1 Support the annual Artists Festival Against HIV	VC	UNDP				
			3.1.1.1.2 Train policy and decision makers on the use of policymakers' guidelines on AIDS Mainstreaming	VC	UNDP				

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			3.1.1.1.3 Convene HIV and AIDS mainstreaming forum	VC	UNDP				
3.2 A coordinated, sustainable multisectoral response to strengthen community coping and social protection in order to address the needs of children, OVCY and caregivers in place by 2015		3.2.1 Regional policy on OCY reviewed	3.2.1.1 Convene policy meeting for Minister Responsible for Orphans and Vulnerable Children and Youth	MD	REPSSI UNOCEF MS				
			3.2.1.1.3 Convene technical working group meetings on OVC&	MD	REPSSI UNICEF				
4.1 SADC and MS able to efficiently use financial and other resources for the implementation of the regional	4.1.1 SADC Secretariat and MS have in place medium and long term resource mobilisation	4.1.1.1 Mobilise resources for regional HIV and AIDS program including ongoing use of the Regional Fund for HIV and AIDS	4.1.1.1.1 Convene the Steering committee of the SADC HIV Fund	AH	PPRM				

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response to HIV and AIDS by 2015	and advocacy strategies by 2012								
		4.1.1.3 Mobilize resources for regional HIV and AIDS program including ongoing use of the Regional Fund for HIV and AIDS	4.1.1.3.1 Convene two SADC ICP HIV Group meetings	DS					
			4.1.1.3.2 Conduct resource mobilisation visits to selected ICP institutions	AH	PPRM				
			Facilitate country specific plans for improving domestic financing for HIV and AIDS Programmes	DS	UNAIDS HEARD				

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5.1 The region has in place effective systems for gender sensitive M&E, knowledge generation and management to inform the HIV and AIDS response	5.1.1 Effective monitoring and evaluation systems to accurately and reliably track the regional and MS response against regional and global commitments in place by end of 2011	5.1.1.1 Track implementation of the HIV and AIDS multisectoral response	5.1.1.1.1 Operationalise the expanded M&E Framework (with mainstreaming, OVC, mainstreaming and Cross Border Core indicators).	IM PN	JICA MSH				
			Define monitoring indicators of emerging interventions such as male circumcision	IM	MS UNAIDS				
			Facilitate development of national and regional targets contributing to the UN HIV & AIDS HLM targets	IM PN	WHO UNAIDS				
			5.1.1.1.2 Convene an M&E Reference Group Meeting and data analysis meeting	IM PN	UNAIDS World Bank JICA				

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			5.1.1.1.4 Maintain and upgrade the regional database for CD and information portal	PN	UNAIDS				
			5.1.1.1.5 Prepare the 2011 HIV and AIDS Epidemic Report	IM PN	UNAIDS				
		5.1.1.2 Manage and monitor the HIV and AIDS Program	5.1.1.2.1 Conduct Mid Term review of the 2010-15 Business Plan	IM	UNAIDS				
6.1 Institutional and administrative support for the implementation of HIV and AIDS programme provided	6.1.1 Institutional and administrative support provided	6.1.1.1 Pay staff costs	6.1.1.1.1 Pay staff costs and associated costs	LM					
			6.1.1.1.2 Conduct HIV Unit Programme Implementation Review Meeting	AH					
			6.1.1.1.3 Conduct Audits	LM					
			6.1.1.1.4 Commission translation of documents	AH					

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			into all SADC languages						
			6.1.1.1.5 Present papers on the regional response at international and continental meeting and conferences including the Washington Aids Conference	AH					
			6.1.1.1.6 Print and disseminate the 2011 SADC HIV and AIDS Epidemic Report	AH					

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