EAST AFRICAN COMMUNITY

END OF STRATEGIC PLAN EVALUATION FOR THE EAC HIV AND AIDS PROGRAMME, 2008 – 2015 REPORT

Submitted To

The Secretary Procurement Committee,
EAC Ground Floor, Secretariat Wing,
EAC Complex P. O. BOX 1096, Arusha, Tanzania
Fax + 255 27 2162190 1Tel + 255 27 2162100
Email: eac@eachq.org1eacprocurement@eachq.org

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Clinic
ART	Anti-Retroviral Treatment
ARV	Anti-Retro Viral
BCC	Behavior Change Communication
BDHS	Burundi Demographic and Health Survey
CBHIPP	Cross-Border Health Integrated Partnership Project
COMESA	Common Market for Eastern and Southern Africa
CSO	Civil Society Organization
CSW	Commercial Sex Workers
DRC	Democratic Republic of Congo
EAC	East African Community
EANNASOeMTCT	Eastern Africa Network of National AIDS Service Organizations Elimination of Mother to Child Transmission of HIV
FSW	Female Sex Workers
GLIA	Great Lakes Initiative on AIDS
HAU	HIV and AIDS Unit
HCT	HIV Counseling and Testing
HIV	Human Immune deficiency Virus
HMIS	Health Management Information System
IEC	Information, Education and Communication
KII	Key Informant Interviews
LVBC	Lake Victoria Basin Commission
M&E	Monitoring and Evaluation
MARP	Most At Risk Population
MDG	Millennium Development Goal
MOH	Ministry of Health
MSM	Men having sex with Men
NAC	National AIDS Council
NSP	National Strategic plan
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	Person Living with HIV
PMTCT	Prevention of Mother to Child Transmission
REC	Regional Economic Community
SADC	South African Development Community
SGBV	Sexual and Gender Based Violence
SMC	Safe Male Circumcision
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities and Threats
TB	Tuberculosis
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on AIDS
WHO	World Health Organization

EXECUTIVE SUMMARY

Introduction and Methodology

In March 2016 the East African Community HIV and AIDS Unit with support from the Regional Team for SRHR at the Embassy of Sweden in Lusaka, contracted Applied Research Bureau LTD to evaluate the EAC HIV&AIDS Regional Multisectoral HIV and AIDS plan (2008-2015).This evaluation report describes the findings of the implementation during the period 2008- 2012 and 2012-2015. The results are described under the different strategic objectives for each of the evaluation period. The evaluation was a highly consultative and participatory process. The consultant reviewed implementation reports including; programme progress reports, commissioned study reports, implementation reports for the Regional CSO partners like Eastern Africa Network of National AIDS Service Organizations (EANNASO), International Organization for Migration (IOM), FHI 360, and North Star Alliance (NSA), resolutions of EAC/ ICP Joint Steering Committee reports, minutes of the Council of Ministers of health and the TWGs on Health, HIV and AIDS. Partner States consultations were conducted to further understand the information that was provided by the few Experts that responded to the evaluation questionnaire. The findings were validated during the 18th TWG on HIV/AIDS TB and STIs that was held from 9th to 11th May 2016 at Nairobi Safari Club. It was attended by Partner States experts, regional IPs (North Star Alliance, East African Health Platform, Kenya AIDS Consortium, and Eastern Africa Network of National AIDS Service Organizations (EANNASO) representatives from development partners(including United States Agency for International Development-FHI 360, International Organization for Migration, United Nations Development Programme Regional Office, International AIDS Vaccine Initiative, East, Central and Southern Africa Health Community (ECSA)and EAC technical staff.

During the first phase of implementing the Strategic plan (2008-2012), the program was committed to strengthening the capacity of EAC Secretariat HIV program structures to implement the strategy. In 2012 the strategy was realigned from eight to four main strategic objectives in order to facilitate integration of HIV and AIDS with various EAC Regional Health, Sexual and Reproductive Health, Gender and Human Rights Priority Interventions. This was also in line with the EAC Development Strategy (2012 – 2016) and the June 2011 United Nations' High Level Meeting (HLM) on "Political Declaration on HIV and AIDS: Intensifying Efforts to Eliminate HIV/AIDS".

RESULTS OF PHASE ONE (2008 TO 2012)

Strengthening the institutional capacity of the EAC Secretariat

By the end of 2012, the HIV and AIDS unit (HAU) was fully established and functioning under the Health department. By2011, the unit was running at full potential after recruitment of the established personnel. Before this time, the unit operated mainly through committees including; High Level HIV Think Tank Committee, Monitoring and Evaluation (M&E) Expert working Group, EAC HIV and AIDS Technical Working Group (TWG) and Education sector TWG. Some of the key achievements during implementation of the EAC HIV and AIDS Strategic plan 2008-2012 include;

- Donor round table meetings were biannually held, with the aim of ensuring accountability and advocacy for continued funding/resources from donors for sustainability of programmes.
- The Draft EAC HIV and AIDS work place policy was developed to assist in mainstreaming HIV and AIDS in the different EAC organs, institutions and sectors.
- There was harmonizing of donor funding and reporting by partners implementing HIV and AIDS activities through EAC HIV/AIDS Unit (HAU), resulted in improved coordination of HIV regional programmes.

- The HAU held dialogue meetings with Partner States to harmonize the HIV care and treatment guidelines. The challenge to these was mainly the fast changing guidelines vis-à-vis the limited mandate, capacity and resources among Partners States to adopt the new guidelines.
- There was continuous engagement of the regional leaders through preparation of policy briefs and position papers to council of ministers of health, East Africa Legislative Assembly (EALA), and the Summit. The unit however did not develop the leadership advocacy and communication strategy.
- The EAC health platform conducted a scoping study to map key regional partners on HIV/AIDS in the EAC region.
- The annual Partners' forum was held and the partners' directory was updated.
- In addition theJoint Steering Committee meeting was regularly held twice a year.
- The EAC reviewed its Strategic plan to include mobile and most at risk population (MARPS) as a key strategic area of focus.
- The Transport Corridor Task Force was formed to oversee the implementation of the HIV and AIDS programmes along the transport corridor and cross border areas.
- The EAC conducted a scoping mission to the EAC Partner States transport corridor and border areas to document the infrastructure and services available for key and mobile populations along the transport corridor.

Challenges/Gaps:

- The programme did not realize the funding for the Strategic plan as had been anticipated at the time of developing the Joint Financing Agreement (JFA). No new development partners were brought on board, and Irish AID also cut its funding due to effects of the economic crisis back home.
- The programme experienced prolonged delay of three (3) years in recruitment of the programme staff. The complete staff complement was on board in March 2011. This affected the rate of implementation of the programme activities. Given that most structures and systems were set up towards 2011, some planned critical activities were carried forward into the 2012-2015 implementation period.
- The programme drafted the EAC HIV and AIDS work Place Policy for the EAC Organs and institutions but this was not implemented due to limited involvement and ownership by the human resources department of the EAC.
- The unit did not develop the leadership advocacy and communication strategy
- No evaluation of the first phase of the Strategic plan (2008-2012) was conducted to learn lessons. Instead the plan was aligned after the HLDM.

RESULTS OF PHASE TWO (2012 TO 2015)

The results for this period are reported in relation to each of the four objectives of the Strategic plan.

Accessibility, affordability and availability of HIV & AIDS Prevention, Care, Treatment and Support Services

Achievements:

During the Implementation period, there was a deliberate effort focusing on dialogue to adopt new global (WHO/UNAIDS) guidelines and developing of minimum standards/services packages to contribute to harmonization. In addition, the HAU developed the new EAC HIV and AIDS, TB and STI strategic and implementation framework 2015/2016-2019/2020. This Strategic and implementation framework takes an integrated approach to HIV and AIDS, and SRHR.

At programmatic level, a number of achievements were registered;

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- Mapping of Health services along the major transport corridor in the five Partner States. The assessment identified and mapped profiles, providers' location, scope, and gaps in Health care and HIV and AIDS service along major transport corridors;
- EAC worked with several partners to advocate for patient rights to access of quality services and as a result the advocacy contributed to the development and operationalization of client charters.
- Engagement with stakeholders including National AIDS Councils (NACS), Partners Forum, TWG meetings, EAC advocated for the adoption of the global UNAIDS Treatment Targets: 90% of People Living with HIV know their status; of those who know their status, 90% are on ART; of those on ART, 90% achieve viral suppression by 2030.
- All the heads of Partner States assented to the long awaited EAC HIV prevention and management Act 2012. The Act supersedes the respective Partner States' Acts and its importance in advocating to indiscriminate access to HIV and AIDS services as well as providing a legal basis for review/revision of policies, strategies and other laws that may hinder access to these services by key and vulnerable populations.

Scaling up leadership involvement, commitment and ownership for sustainability of the HIV and AIDS response in the five EAC countries

Achievements:

- The establishment of functional structures including Expert Working Groups and Technical Working Groups in the various thematic areas, helped to enhance the capacity of the unit to deliver on its mandate. Formation of EAC Expert Groups (EWGs) and TWG with experts drawn from Partner States significantly enhanced the ownership and sustainability of the EAC HAU among Partner States. The EWGs include: EAC Regional EWG on Sustainable Financing for Health HIV and AIDS; EWG on Knowledge Management; EAC regional Think Tank on HIV Prevention and Control; and EWG on Scaling Up of the Integrated Health and HIV Programming along Transport Corridors in East Africa.
- Capacity building of staff in the HAU has been ongoing in policy, programming and resource mobilization.
- The HAU in collaboration with its partners conducted and produced a report on a regional on Sustainable Financing for Universal HIV and Health Coverage for the East Africa Community. The report identifies financing options available for the EAC Partner States for consideration, and offers solutions on how the EAC Partner States could achieve universal coverage for Health, HIV and AIDS services within a changing fiscal landscape in the Partner States.
- Convened a High Level Ministerial Dialogue Meeting on Sustainable Financing for Universal Health and HIV and AIDS Coverage for the EAC region, in which the Ministers of Health and Ministers of Finance signed a Joint Communiqué committing to implement 7 key recommendations. Importantly, the Ministers adopted the EAC Framework of Action on Sustainable Financing which recommended strategic actions, encompassing the three policy options among others, namely;
    a) Reprioritization of public spending towards health to reach 15% recommended in the Abuja Declaration;
    b) Increase tax administration efficiency in the Partner States and earmark taxes to increase financing for health and HIV; and
    c) Increase efficiency of health and HIV service delivery to bridge the resource gap, among others.

- Conducted a regional comprehensive analysis report on HIV and AIDS Laws, policies and strategies in the region, and a proposed legal and policy reform framework. Countries like Uganda have used the report to review and improve their respective HIV and AIDS Laws,

Drafted the HIV and AIDS Work place Policy for EAC organs and institutions after reviewing the EAC draft EAC HIV and AIDS work place policy 2008 .The work place policy was drafted under the leadership of the Human Resource department and support of the HAU and was approved by the 12th EAC Sectoral Council of Health. The approved policy will act as a guide to ensure mainstreaming of HIV interventions in the programmes for the EAC Organs and Institutions.

Challenges/Gaps:

- Positioning of the HIV unit in the health department reduces its overall leadership in mainstreaming HIV in other sectors and organs.
- Limited efforts in following up implementation of the action plans developed by Partner States to address legal and structural barriers to HIV prevention and management.
- The HIV response is heavily dependent on external donors. What is allocated to HIV in all Partner States and by the EAC to the HIV unit is still a dismal amount that is far from the recommended targets of fast tracking domestic financing. Most Partner States contribute less than 15% of the budget for the national HIV response.

Improving the design, management, and sustainability of HIV national and regional responses through generation and sharing of strategic information

Achievements:

- The programme has successfully generated regional strategic documents which have helped to improve the design of HIV and AIDS policies, projects and programmes in the region. These regional strategic documents include:
  - The East African Community HIV and AIDS response Report 2013: Realizing the regional goals in HIV and AIDS, TB and STI Programming was finalized. The report provided evidence on recent patterns and trends in the HIV epidemic and current response. Regional Comprehensive analysis report on HIV and AIDS Laws, policies and strategies, with a proposed legal and policy reform framework
  - Report on health and HIV AND AIDS along the EAC transport corridors: Situation Analysis 2014

Challenges/Gaps:

- The Regional HIV and AIDS response report lacks a standardized methodology, a consistent timeframe and clearly defined indicators that are tracked by each HIV and AIDS programme of the Partner States. This affects meaningful comparison of the data collected from the various Partner States;
- The EAC Secretariat has experienced delays in generating the second regional HIV and AIDS response report and difficulty in assessing the utilization of the Regional HIV and AIDS response by partner states; Absence of a comprehensive M&E framework and standard indicators compromises the ability to pull and compare data across the EAC region. This is coupled with the lack of knowledge management information systems in the region; and
- Although some steps have been taken towards implementing the priority action on facilitating the establishment of an EAC HIV and AIDS knowledge management platform, this activity planned for completion during the SP 2012-2015 has not yet been realised. The plan to establish a functional Web based HIV and AIDS knowledge management platform by end of the implementation period for the Strategic plan (2012-2015) has not come to fruition.

Health, HIV and AIDS programming for key and vulnerable population along the cross-border corridor

Achievements:

- Under the guidance of the Transport Corridor Task Force (now Expert Working Group), the HAU is working toward ensuring that the comprehensive health including HIV and AIDS services are available for key and vulnerable populations along the transport corridors. The EAC Secretariat has developed a strategy for scaling up integrated health and HIV and IADS services along the transport corridors; Framework for HIV programming for fishing communities; and
- A minimum package of services for key and vulnerable populations along the transport corridors in East Africa; conducted a cross-border study that documented the gaps in health and HIV and AIDS services.
- The USAID East Africa office, through FHI 360 and country missions, committed 12USD million to support Health and HIV programming along the EAC cross border areas over the five years. The CBHIPP project commenced in 2014 and is being implemented through civil society organizations.
- The EAC regional strategy for scaling up integrated health and HIV and AIDS programming along the transport corridors in East Africa and the Minimum package of health and HIV and AIDS services for Key and Vulnerable populations along the transport corridor in East Africa were developed. Wet corridor Health and HIV and AIDS implementing and accountability framework was developed to guide the implementation of services along the wet corridor. These are currently used by regional partners as guidelines for implementation of Health and HIV and AIDS services along the transport corridor.
- The programme conducted sero-behavioural studies among plantation workers and university students in the Republic of Rwanda, Kenya, Uganda and Tanzania in collaboration with the Lake Victoria Basin Commission (LVBC). The study reports that have been adopted through the EAC structures have been used to inform policy and programming for especially for fishing communities in the partner states for implementation in the national Strategic plan.

Challenges

- The programme was unable to conduct sero-behavioural studies for the Republic of Burundi due to lack of resources. The current regional HIV programming for key population is focused on the inland transport corridor and water ways leaving the open sea corridor along the Dar el Salam, Zanzibar, Pemba, Mombasa, Lamu cost line with a concentrated epidemic.

Lessons Learnt:

- Working through technical working groups is critical in providing technical backstopping and cross learning among Partner States experts and promotes ownership and sustainability of programme;
- The difference in epidemic type and variable resources in some partners states, determines capacity to adopt and harmonize treatment protocols and guidelines across Partner States;
- Positioning of the HAU under the health department affects the units capacity to provide leadership for the mainstream HIV and respond to non-biomedical (structural and social) drivers of HIV in the region;
- Stronger M&E capacity is crucial for the generation and use of evidence to inform programming in the region;
- Harmonizing reporting timelines and schedules is important for fostering accurate comparison of programme performance across the region;

- Commitment to domestic funding by partner states and the region is critical for sustainable financing of the HIV response
- Robust and effective accountability frameworks are crucial for holding different regional implementing partners accountable to the EAC.

Overarching Recommendations:

a) The EAC should review the TORs for the Sectoral committee on Health to include representatives from National AIDS Councils.
b) As the EAC moves towards integration of HIV into health, it should consider reviewing the pros and cons of positioning the HIV unit under the department of Health visa viz its function to coordinate, and mainstream HIV across the EAC sectors, institutions and organs, to address the non-biomedical (structural and social) drivers of HIV epidemic.
c) The EAC should fast track the existing efforts to address M&E capacity gaps. Emphasis should be placed on: reviewing the regional M&E and knowledge management capacity; developing a regional M&E strategy and establishing the knowledge management platform.
d) The EAC should fast track the development of a regional sustainable financing strategy.
e) The EAC should review the existing accountability framework for regional partners to develop concrete recommendations to strengthen mechanisms for holding partners accountable.
f) EAC should develop a strategy or priority actions for promoting Private sector participation and public-private partnerships in the regional HIV and AIDS response.

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1. INTRODUCTION AND BACKGROUND

1.1. Introduction

This report presents findings of the evaluation of the Strategic plan for the EAC HIV and AIDS Programme for the period 2008 to 2015. In the year 2008, the East African Community obtained financial and technical support from the International Cooperating Partners HIV&AIDS Coordination Group (the ICP HIV and AIDS Group) to contribute towards funding the HIV&AIDS interventions in the EAC Development Strategy (2006-2010)[1], EAC HIV&AIDS Regional Multisectoral HIV and AIDS plan (2008-2012) and the EAC HIV and AIDS Implementation Framework (2008-2012) (hereinafter referred to as "the EAC HIV&AIDS Implementation Framework"). The Strategic plan was realigned to conform to emerging changes in the HIV and AIDS landscape at the global and regional levels, as well as the 4th EAC Development strategy (2011/12-2015/16), and thereby making it necessary to extend the implementation period from 2012 to 2015.

1.2. Structure of the Report

The background and context are described in section one of the report. Section two provides a description of the approach and methodology used to conduct the evaluation. The findings of the evaluation are presented in section three and four. The evaluation of the EAC Strategic plan for the period 2008-2012 is presented in section three while that of the period 2012-2015 is presented in section four. A synthesis of findings and recommendations for improvement in the forthcoming period are presented in section five.

1.3. Evaluation Team Composition

The evaluation team was led by Associate Professor Paul Bukuluki, a behavioral Social Scientist/Medical Anthropologist (Makerere University/Applied Research Bureau LTD). He was in charge of overall leadership and quality assurance of the deliverables. Paul Bukuluki was selected based on his previous assignments in the EAC region and because he is familiar with the EAC regional HIV prevention response. He was supported by two Associate Consultants: Dr. Peter Mudiope a Biomedical Expert who evaluated the biomedical aspects of the regional HIV/AIDS programme and Mr. Ronald Kaaya a financial analyst who did the cost effectiveness analysis. The two consultants were identified and jointly agreed upon by the team leader and the EAC Secretariat in charge of the assignment.

1.4. Context

The HIV and AIDS Unit (HAU) of the EAC is housed within the Health Department, under the Social Sectors Directorate. The HIV and AIDS unit has been operational since 2008 with financial support from Sweden and Ireland under the Joint Financing and Technical Cooperation Arrangement (JFTCA) between EAC and ICP HIV and AIDS Group through the Swedish International Development Agency (SIDA).The initial funding was for the period 2008-2012. The JFTCA between EAC and ICP HIV and AIDS group was reviewed in 2013 to extend funding for the Programme for the period 2012 – 2015. The EAC regional HIV and AIDS Programme is currently operating under a cost extension ending on 30th June 2016, funded by the Swedish and Norwegian Governments through the Swedish International Development Agency (SIDA).

In 2008, EAC HIV and AIDS, Strategic plan and implementation framework 2008-2012 was developed to guide the establishment of the HIV and AIDS Unit at the EAC secretariat and the

[1] As per: **Priority Focus Area** – "Combating HIV/AIDS and Communicable Diseases", and Development **Objective** – "Reduced incidence of HIV and AIDS infection and its socio-economic impact in the East African region".

implementation of HIV and AIDS, and TB activities in the region. The objectives of the EAC HIV and AIDS, Strategic plan and implementation framework for the period 2008-2012 were as follows:

i. To enhance the institutional capacity of the EAC Secretariat so as to secure effective implementation of regional and national responses to HIV and AIDS;
ii. To mainstream HIV andAIDS through the EAC organs, institutions and sectors;
iii. To improve the effectiveness of HIV and AIDS interventions through the harmonization of EAC Member States' HIV andAIDS protocols, policies, plans, strategies, and legislation;
iv. To improve the design and management of national and regional responses to HIV and AIDS through the generation of, and easy access to, strategic information and knowledge on the epidemic;
v. To scale-up regional and national responses to HIV and AIDS through the strengthening of political leadership and commitment towards addressing the epidemic;
vi. To consolidate effective partnerships among strategic partners both within and outside the EAC region in response to HIV and AIDS;
vii. To improve the work environment by operationalizing an EAC Workplace Policy on HIV and AIDS; and
viii. To mitigate the effects of vulnerabilities related to HIV/AIDS that result from internal and cross-border population mobility within the East African region through harmonized responses and interventions by various multi-Sectoral stakeholders.

The 2008-2012 multisectoral Strategic plan and implementation framework was committed to strengthening capacity of the EAC secretariat to implement the regional HIV and AIDS program. In 2012, EAC realigned the HIV and AIDS multisectoral Strategic plan and implementation framework Strategic plan 2008-2012 to address emerging changes in the global and regional context. Specifically, it was realigned to the priorities and provisions of 4th EAC Development Strategy (2012 – 2016) and also the June 2011 United Nations' High Level Meeting (HLM) on "Political Declaration on HIV and AIDS". The realigned Strategic plan provided better guidance to the EAC HIV and AIDS programme whose vision is "An East African environment free of HIV and AIDS" and the goal of "reduced incidence of HIV infection in the East African region in order to secure sustained socio- economic development". The priorities considered during the realignment included Sexual and Reproductive Health and Gender and Human Rights. This realigned Strategic plan had four strategic objectives:

i. Scaling up accessibility, affordability and availability of HIV and AIDS prevention, care, treatment and support services;
ii. Scaling up leadership involvement, commitment and ownership for sustainability of the HIV and AIDS response in the 5 EAC countries;
iii. Improving the design, management, and sustainability of HIV national and regional responses; and
iv. Coordinating and strengthening implementation of regional responses for mobile and key populations in the EAC region.

1.5. Rationale for conducting the end of Strategic plan Evaluation

The purpose of the evaluation was to assess programme performance against the set goals and targets, document achievements, identify weaknesses and challenges and propose recommendations to strengthen the programme. Specifically the evaluation sought to:

i. Assess the achievements of the programme against the set objectives and intended targets;
ii. Assess the results against planned outputs;
iii. Consider the cost effectiveness and impact;
iv. Assess factors that have affected the achievement of the objectives;
v. Assess possible needs for adjustments in a potential new phase of the Programme including risk mitigating actions and sustainability; and

vi. Document lessons learned from the Programme implementation.

2. APPROACH AND METHODOLOGY

The Evaluation of the EAC HIV and AIDS Programme (2008 to 2015) primarily utilized qualitative approaches. Data was collected through: desk review of programme documents, reports of studies conducted during the period under review; key informant interviews; and facilitated in-country consultations. Additional evaluation data was collected through a semi structured questionnaire (Annex III) that was administered electronically to selected respondents in the EAC Partner states. A validation meeting organized by the EAC Secretariat provided feedback from key stakeholders, which fed into the final evaluation report. The entire process was supervised and coordinated by EAC HAU in collaboration with relevant members of the TWG on HIV and AIDS, TB and STIs, and M&E sub group of the HIV and AIDS TWG. These were crucial in the reviewing, providing feedback, validation of this evaluation report.

2.1. Evaluation Participants

The respondents were drawn from the EAC Partner States' Ministries responsible for health specifically heads and programme managers of AIDS Control Programmes, National AIDS Councils and Commissions, specifically HIV focal point persons in the Ministry for East African Community Affairs, representatives of TWG on HIV and AIDS, TB and STIs and the members of the M&E sub group, regional civil society organizations and their members at country level and regional implementing partners. Staff from the EAC HAU were also part of the respondents. Respondents were purposively selected in consultation with the EAC HAU based on their involvement in the implementation of the Strategic plan.

2.2. Data Collection Process

Data for the evaluation was gathered through desk review, self-administered questionnaires, key informant interviews, facilitated in-country consultations and a validation meeting.

2.2.1. Desk review

The EAC HAU provided the relevant documents that were reviewed. Other documents were provided by stakeholders in the data collection and review process. These documents include; EAC regional HIV programme documents(semi/annual reports 2008-2015), regional policies, strategic and implementation plans, relevant EAC Sectoral Council and Summit reports, TWGs and EWGs reports, previous regional assessments and studies. The other documents include; National HIV/AIDS Strategic plans and reports, regional implementing partners reports. These documents provided the background and context, and facilitated understanding of the linkage of the response between the regional HIV and AIDS programme and the Partner States' HIV and AIDS response. A detailed list of documents reviewed is indicated in Annex 1.

2.2.2. Semi Structured Questionnaire

The semi structured questionnaires were emailed to 30 selected respondents. This was aimed at establishing key actors' perspectives on the achievements/progress, gaps/challenges, lessons learnt, emerging issues and priorities moving forward. The semi structured questionnaires also provided information on linkages between the regional and national programmes. While several questionnaires were sent out to selected respondents, the initial response was low (30%), prompting the evaluation team to follow up with email reminders and phone calls. Overall the response rate was 50%. The semi structured questionnaire is contained in the report as annex 2.

2.2.3. Key informant interviews

Key Informant Interviews (KII) were conducted with relevant stakeholders to collect additional data to answer the evaluation objectives. These interviews were also useful for clarifying on specific issues and

information gaps identified during the desk review and from responses to the semi structured questionnaires. The key informants included staff from the EAC Secretariat, particularly the HAU, staff from Partner States Ministries of Health (the HIV and AIDS Programmes), National AIDS Councils and Commissions, and Civil Society. Because the KII guide was long, the review team focused on; areas that had been sub optimally addressed, during the desk review and semi-structured questionnaires, and those that needed further clarification. Additionally, interviews were utilized in areas where a respondent had expertise and experience to contribute to the evaluation questions.

2.2.4. Facilitated in-country consultations

The Evaluation team visited all the five (5) Partner States including during the month of March 2016 to conduct in-country consultative meetings. During these meetings, clarity was sought on issues and consensus built on key achievements, major implementation challenges, key lessons and recommendations for improving the programme. In each Partner State, an average of six participants attended the consultative meetings including; representatives from Ministries responsible for health (particularly programme managers), Ministries responsible for East African Community Affairs, National AIDS Councils and Commissions, implementing partners and CSOs. A list of KIIs and participants in country consultative meetings is contained in the annex 3.

2.2.5. Validation of draft report

The draft evaluation report was validated during the 18th TWG on HIV/AIDS TB and STIs that was held from 9th to 11th May 2016 at Nairobi Safari Club. The validation meeting was attended by Partner States experts, regional IPs (North Star Alliance, East African Health Platform, Kenya AIDS Consortium, Eastern Africa Network of National AIDS Service Organizations (EANNASO) representatives from development partners(including United States Agency for International Development-FHI 360, International Organisation for Migration, United Nations Development Programme Regional Office, International AIDS Vaccine Initiative, East, Central and Southern Africa Health Community (ECSA)and EAC technical staff. The experts reviewed the report, provided inputs and proposed recommendations for improving the programme including priority areas for consideration in the next phase of the Programme.

2.3. Data Processing and Analysis

The evaluation employed qualitative methods of data processing and analysis. Under each of the objectives, the key findings including achievements, major challenges/gaps, and lessons learnt and priorities were identified. Thematic analysis was applied in processing and analyzing data and extracting emerging core themes and issues guided by the objectives[2]. The team immersed in the data to gain familiarity with the depth and breadth of the content and issues[3] emerging from the notes taken during KIIs, responses in semi structured ended questionnaires and consultative meetings. This was followed by generation of the initial codes[4]. The coding was used to process the data and identify linkages with relevant evaluation objectives. The team prioritized themes in relation to their relevance to the study objectives. Through this process, the team developed a report structure that was further refined through interactions with the data. A draft report was then produced. The presentation of the report involved highlighting some of the quotes extracted from the data. This process further enabled engaging in the achievements and gap analysis looking out in the data for narratives on programme success, challenges and gaps as well as reflecting on lessons learnt. Analysis was also extended to the validation process. Validation meetings raised issues that helped in re-examining aspects of the data and contextualizing it according to experiences in the region.

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[2] Bryman, A.(2012) *Social Research Methods.* New York: Oxford University Press Inc.

[3] Braun, V and Clarke, V. " Using thematic analysis in psychology. Qualitative Research in Psychology." *Qualitative Research in Psychology*, 77-101.

[4] [4] Braun, V and Clarke, V. " Using thematic analysis in psychology. Qualitative Research in Psychology." *Qualitative Research in Psychology*, 77-101.

3. RESULTS OF PHASE ONE (2008 TO 2012)

The results of the evaluation for the two periods (2008-2012 and 2012-2015) are presented in two separate sections. This section focuses on the results from the first period. This report highlights performance and results of the program in relation to each objective, identifies lessons learnt, weaknesses and challenges and proposes priorities to improve the programme.

3.1. Enhance the institutional capacity for effective implementation of HIV and AIDS response

In 2008, the EAC HIV and AIDS Multi-Sectoral Strategic plan and implementation framework2008-2012 was developed to guide the HIV and AIDS and TB response in the region. In the same year, the EAC Secretariat health department conducted a situational analysis to establish the institutional capacity - infrastructure, policy environment and personnel that was required to set up the HAU. Based on the assessment report, the HAU was established and by 2011, the relevant staff (Principal HIV and AIDS Officer, senior health officer, capacity building officer, program administrator, accountant and driver/office assistant) were recruited[5]. The secretariat procured office equipment including a Moto vehicle pick Up, desk top computers, laptops, projectors, and a projector among others.

Further, the HAU established experts committees to fully deliver on its mandate. The experts committees have representation from Partner States relevant ministries, departments and agencies, implementing partners, regional civil society representatives and other stakeholders. The expert committees formed include a high level Think Tank on HIV and AIDS prevention and control; the EAC Technical Working Group on HIV and AIDS, TB and STIs; the M&E Subgroup; and forum of directors of national AIDS Councils and Commissions (NAC Directors' forum). The committees regularly meet to oversee and guide on the appropriate interventions that best benefit the region in the HIV and AIDS, TB and STI response. These have provided guidance on development and implementation of the monitoring and evaluation framework for the programme. Each of these committees has well defined and approved terms of reference to guide their operations, and have executed several activities in their mandate over the review period.

High Level Think Tank on HIV and AIDS prevention and control has been operational since 2008. In 2008, the think tank was convened to review the available data and evidence on HIV and AIDS prevention, treatment and care in the EAC. The existing evidence was used to inform programming and proposed actions to scale up HIV prevention interventions in the region[6]. While the think tank was not institutionalized, it set the pace for dialogue on the emerging priorities for HIV and AIDS prevention and control for the region.

The EAC Technical Working Group on HIV and AIDS, TB and STIs; and **the M&E Subgroup Group** has been meeting at least twice a year to review programme implementation. The work of these committees was highly regarded by stakeholders including staff of NACs, and regional partners implementing HIV and AIDS, TB and STI programmes. A review of semi-annual reports and meeting reports demonstrates that the TWGs and the M&E sub-group have provided technical backstopping and provided recommendations that have contributed to improving the focus and running of the programme. The committees have also created a bridge between what is happening at the regional level and within the partner states. Details of the work of TWGs and the M&E sub-group are contained in the TWG and meeting reports for the relevant financial years. We noted some challenges in convening

[5]East African Community (2011). 5th Semi-Annual Narrative Report on the implementation of the EAC Regional Integrated Multisectoral Strategic plan for HIV and AIDS 2008 – 2013 (1st July 2011 to 31st December 2011)

6 East African Community 6th Semi-Annual Narrative Report on the implementation of the EAC Regional Integrated Multisectoral Strategic plan for HIV and AIDS 2008 – 2013 (1st January 2012 to 30th June 2012)

of the TWG and the M&E sub group meetings in some of the years due to inadequate resources and lack of quorum among others.

Further, we note that there adequate oversight provided by the Joint Steering Committee (JSC), through their biannual meetings. This JSC, ensured accountability and advocacy for continued funding/resources to implement emerging and previously unfunded priorities. The main outcome of these JSC meetings was the clear direction given in implementing the programme, and the increased confidence among new and old development partners and this was perceived by respondents to have contributed to sustainability of the programme. Therefore, through the JSC meetings, EAC did not only maintain cooperation with its AIDS Development partners but also attracted new ones, mainly implementing partners who have supported the regional HIV response.

Lessons learnt

Working through the TWGs with representatives from Partner States and other stakeholders facilitates buy-in, sharing and adoption of best practices among the different Partner States. It also impacts positively on human resources at the secretariat because it creates opportunities for cross learning and networking. Regular interface and dialogue with stakeholders builds sustainable relationships and attracts new partners.

Challenges

The programme experienced prolonged delay of three (3) years in recruitment of the programme staff. For a great part of the implementation period, the unit was managed by one staff (a care taker). The complete staff was on board in March 2011. This affected the rate of implementation of the programme activities. Given that most structures and systems were set up towards 2011, some planned critical activities were carried forward into the 2012-2015 implementation period. Similarly, the programme did not realize the funding for the Strategic plan as had been anticipated at the time of developing the Joint Financing Agreement (JFA). No new development partners were brought on board, and Irish AID also cut its funding due to effects of the economic crisis back home. Although the programme drafted the EAC HIV and AIDS work Place Policy for the EAC Organs and institutions, this was not implemented due to limited involvement and ownership by the human resources department of the EAC.

3.2. Mainstream HIV&AIDS in the operations of EAC Organs, Institutions and Sectors

Global efforts require governments and organizations to mainstream HIV and AIDS across their institutions, organs and sectors. For example, the International Labour Organization (ILO) recommendation on HIV/AIDS and the world of work (Recommendation 200) call for strengthening of HIV prevention efforts and to facilitate access to treatment and care for those HIV infected persons and the affected families at the work place through the implementation of workplace policies and programmes. The ILO calls for priority actions aimed at supporting institutions, organs and sectors as well as partners to ensure integration and mainstreaming of HIV/AIDS into their sectoral Strategic plans. One of the general principles of recommendation 200 is that "HIV and AIDS should be recognized and treated as a workplace issue, which should be included among the essential elements of the national, regional and international response to the pandemic with full participation of organizations of employers and workers" (ILO, 2010:1)7

[7]ILO (2010).R200 HIV and AIDS Recommendation, 2010 (No. 200) Recommendation concerning HIV and AIDS and the World of Work Adoption: Geneva, 99th ILC session (17 Jun 2010) - Status: Up-to-date instrument. Available at: http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:2551501

See pages 6-7 of the East African Community (2011). 5th Semi-Annual Narrative Report on the implementation of the EAC Regional Integrated Multisectoral Strategic plan for HIV and AIDS 2008 – 2013 (1st July 2011 to 31st December 2011)

In a bid to align itself with this emerging global advocacy for HIV mainstreaming, the EAC HIV and AIDS Unit made attempts to streamline HIV into the different sectors and institutions[8]. For example, in 2010, EAC HAU working with the EAC Education sector established the EAC Education AIDS TWG under the guidance of the Principal Education Office in Education department. The committee was charged with the responsibility of coordinating the HIV and AIDS response in the education sector among Partner States. The education sector also developed a road map for guiding the mainstreaming of HIV in the sector.

In addition, the EAC HAU worked in partnership with the tourism sector, the East Africa Business Council (EABC) and GIZ to develop draft guidelines for mainstreaming HIV and AIDS at the workplace particularly in the EAC Hotel Industry. These guidelines are also linked to the EAC Criteria for grading and classification of Hotels and Restaurants within EAC Partner States.
It was noted that through engaging stakeholders in the education, defense and tourism sectors, the EAC succeeded in generating interest and commitment to include HIV and AIDS prevention and control interventions in the work plans and budgets for the Armed forces and the Education sectors. One of the key achievements was the development of draft HIV and AIDS mainstreaming guidelines by the EAC HAU and its partners.

To demonstrate some of the effects of early efforts towards mainstreaming HIV, we have included a case study of the security/defense sector. The mainstreaming of HIV and AIDS interventions in the security agencies and armed forces in the region was aimed at harmonizing HIV activities in the security organs in the region. Interventions implemented included bringing together heads of medical services in the EAC Partner States' Defense Forces to discuss HIV and AIDS and foster reduction in stigmatization, segregation and marginalization based on perceived or actual HIV status of an individual officer. As a follow up on mainstreaming of HIV and AIDS response in the Security sector, a meeting of head of armed forces institutions from Partner States was convened in Kampala, Uganda in 2012. The meeting discussed ways of fighting stigma and discrimination of HIV among the armed forces; not recruiting or deploying HIV infected officers[9]. Consequently, heads of the health services for Armed Forces from the five Partner States committed to:

- Develop a harmonized regional policy, which recognizes the rights of People Living with HIV, to guide recruitment and deployment of armed personnel.
- Abolish the sale of alcohol inside military facilities.
- Develop a harmonized regional policy on medical examination, HIV/ AIDS, STI prevention, care and treatment to ensure access to treatment and care services for armed personnel across borders within the region.

In addition to the above, an Expert / Technical Working Group (TWG) on HIV and Health for the EAC Partner States Armed Forces composed of the heads of Medical/Health services of the EAC Partner States Armed Forces was formed to follow-up on the above issues and other regional health matters. Unfortunately the committee business was never reprioritized during the realigned Strategic plan 2013-2015.

Work place Policy
At the EAC secretariat, efforts were made towards development of the workplace policy. In 2009, the HIV and AIDS unit developed a draft HIV and AIDS work place policy to assist in mainstreaming

8EAC (2015). Health And HIV and AIDS Along The East African Community Transport Corridors: A Situation Analysis Report
9 See pages 6-7 of the East African Community (2011). 5th Semi-Annual Narrative Report on the implementation of the EAC Regional Integrated Multisectoral Strategic plan for HIV and AIDS 2008 – 2013 (1st July 2011 to 31st December 2011)

HIV and AIDS in the different EAC organs, institutions and sectors[10]. However by 2012, the draft policy guideline had not been adopted by the Council of Ministers of Health. The failure to get the policy approved affected implementation of the priority actions based on the policy. For example, a number of planned activities were not implemented. These include; sensitization meetings on gender equality, sexual harassment, gender based violence and HIV/AIDS; Knowledge Attitudes Practices and Behavior (KAPB) survey to identify HIV&AIDS information needs and gaps in the EAC; and Orientation forums for EAC staff and management on HIV/AIDS workplace policies were not implemented (see Annex 4 result framework). The main challenge to the operationalization of the policy was the lack of clear implementation structures and lack of commitment from the top leadership and the main implementing EAC department, the Human Resource (HR) department[11]. This was later taken up as a priority in the realigned Strategic plan 2012-2015. During 2014 and 2015, the HAU and the HR unit reviewed the HIV work place policy with wide consultations among the EAC organs and institutions. The final draft was developed and is due for approval by the Sectoral Council of Ministers of Health. Not having an approved policy affected the effectiveness of the HAU in providing leadership in mainstreaming HIV in the different departments, sectors and institutions at EAC. It also affected the effectiveness of the programme in addressing stigma and discrimination at workplace. The HAU later developed mainstreaming guidelines that were internally approved but not effectively used by the EAC organs and institutions[12].

Challenges and gaps

i. .
ii. Lack of commitment among the executive and the human resources department to support the adoption and implementation of the EAC HIV and AIDS Work place policy, inadequate resources for mainstream HIV and AIDS into the EAC organs, institutions, sectors, projects and programmes.
iii. Lack of approved work place policy and weak coordination and follow up mechanism between the HIV and AIDS unit and the Human resources department, and the established structures such as the Expert / Technical Working Group (TWG) on HIV and Health for the EAC Partner States Armed Forces.
iv. Failure to popularize and disseminate the HIV and AIDS mainstreaming guidelines and lack of training materials, for the stakeholders in the organs, institutions, projects and programmes.

Priorities:

i. Review and establish a clear mechanism to facilitate effective coordination and monitoring of initiatives aimed at mainstreaming HIV and AIDS in the EAC organs, institutions and sectors;
ii. Operationalize the mainstreaming guidelines and develop training materials for mainstreaming HIV in the all EAC organs, sectors and institutions; and
iii. Fast track the approving disseminating and operationalising the EAC HIV and AIDS work place policy for EAC Organs and institutions.

[10] See page 19 of the EAC (2012) 6th Semi-Annual Narrative Report on the implementation of the EAC Regional Integrated Multisectoral Strategic plan for HIV and AIDS 2008 – 2013 (1st January 2012 to 30th June 2012)

[11] Also see page 19 of the EAC (2012) 6th Semi-Annual Narrative Report on the implementation of the EAC Regional Integrated Multisectoral Strategic plan for HIV and AIDS 2008 – 2013 (1st January 2012 to 30th June 2012)

[12] See the EAC (2012) 6th Semi-Annual Narrative Report on the implementation of the EAC Regional Integrated Multisectoral Strategic plan for HIV and AIDS 2008 – 2013 (1st January 2012 to 30th June 2012)

3.3. Improve the effectiveness of HIV and AIDS interventions through the harmonization of EAC Member States' HIV&AIDS protocols, policies, plans, strategies, and legislation

The EAC recognizes the benefits of cooperation as a block to increase efficiency and effectiveness in HIV programmes. The region has a multitude of mobility across Partner States borders that pose a threat of disease transmission. The EAC embarked on situation analysis on implementation of the 2011 WHO care and treatment guidelines for HIV and AIDS and implementation harmonized guidelines developed under the Great Lakes Initiative on AIDS (GLIA). Harmonizing the care and treatment guidelines in the region would:

i. Simplify treatment schedules which eventually helps in medicines adherence consequently reducing on number of cases with drug resistance, treatment failure among others, arising from poor adherence;
ii. Limit on or completely eliminate change of treatment regimen for those patients with AIDS, TB etc. who travel cross borders in the region;
iii. Simplify training, which encourages decentralized service provision.
iv. Facilitate bulk purchase of drugs in the sub region, where Partner States are able to negotiate as a block with the manufacturers and/or patent holder/source company for joint procurement of ARV drugs for the EAC Partner States.
v. Aid standardized information flow, which would simplify monitoring and evaluation; and
vi. Facilitate regional surveillance/research on drug resistance and related medical occurrences.

The exercise was undertaken and a situation analysis report for the region developed. However, no proper harmonization of treatment guidelines or protocols was done due the following reasons:

i. Lack of specialized national and regional experts committees responsible for harmonization and implementation of HIV and AIDS, TB and STI prevention, care and treatment guidelines, and documentation of best practices.
ii. Different capacities of the Partner States in terms of resources, (financial and human), which are internal barriers speedy adoption, implementation and hence harmonization of guidelines. Skilled man power is a challenge in some of the regions in the country;
iii. Partner States were at different levels of implementation for the rapidly changing global WHO HIV care and treatment guidelines, and would affect the pace at which countries adopt new guidelines to easily harmonize within the region.
iv. Inadequate resources to allow for harmonization which is an expensive venture.

Lessons learnt

i. Partner States require enormous resources to facilitate adaptation and implement new WHO prevention, care and treatment guidelines which was stalling a speedy and coordinated implementation of the guidelines in the Partner States in the region;

Priorities

i. Establishment of specialized national and regional experts committees responsible for harmonization and implementation of HIV and AIDS, TB and STI prevention, care and treatment guidelines, and documentation of best practices.
ii. Support partner states to establish cross border coordination and oversight committees that facilitate and track cross referral of patients along the border regions.
iii. Need to reprioritize the development of guidelines for setting minimum standards and harmonization taking into considerations the variation in the HIV epidemic (concentrated versus generalized)as well as variations in human and financial resources among the partner states.

iv. Support the development of a harmonized regional production and procurement strategy for essential medicines such as ARVs and prophylaxis as well as medicines for the treatment of sexually transmitted infections

3.4. Improve the design and management of national and regional responses to HIV and AIDS through the generation of, and easy access to strategic information and knowledge on the HIV epidemic

The2008-2012 period was a transition focusing mainly on setting up the EAC HAU. The Unit strengthened its M&E capacity through set up of an M&E sub group composed of experts from Partner States, development partners, implementing partners and civil society within the region. The M&E Sub Group initially had regular meetings to oversee the activity implementation. The M&E sub group coordinated the developing of the East African Community HIV Epidemic report which was later completed and titled the "EAC HIV and AIDS Response report 2013: Realizing the regional Goals in HIV and AIDS, TB and STI programming." This report is available on the EAC website and was distributed during the East African health symposium held in Kampala.

Through the Lake Victoria Basin Commission, under the EAC Lake Victoria Basin HIV and AIDS Partnership Programme (EALP), the EAC generated critical evidence on the high HIV prevalence among the fishing communities in the region. This is contained in the study reports on HIV sero - behavioral surveys among mobile populations mainly plantation workers, university students and the fishing communities in Uganda, Kenya and Tanzania. The reports were adopted as EAC reports and have been used to inform HIV programming among these populations at partner states level. EAC also conducted a situational analysis study to establish the required systems and structures to set up the Regional HIV Management Information System. The report had a number of recommendations but due to due to lack of resources, clear mandate and guidance on how to operationalize this system, the management information system was not established.

Gaps and challenges

i. The capacity of M&E at the HAU and in the Partner States is still inadequate hence making it difficult to collect and share all information about the epidemic;
ii. Lack of a clear mechanism for assessing how Partner states and stakeholders use the evidence and materials generated by the programme;
iii. Difficult to monitor progress of implementation due to lack of agreed upon indicators
iv. Variation in regional priorities across different Partner States. Most programmes were project mode driven by interests of the development partners making it difficult to pull data across the board for comparison; and
v. Lack of relevant legal and policy framework, financial resources, technical capacity and necessary infrastructure to establish the EAC regional Management Information System (MIS) that supports HIV and AIDS interventions.

3.5. Scaling-up regional and national Reponses to HIV and AIDS through the strengthening of political leadership and commitment towards addressing the epidemic

Under this result area, EAC set out to develop and implement a leadership advocacy and communication strategy to mobilize political and other leaders to support the implementation of the HIV Strategic plan .The ultimate aim of advocacy to commit Partner States to increase the national budget spending on HIV and AIDS to meet the 15% Abuja declarations commitment was not achieved by 2012. Although all the Partner States continued to allocate funds to health and HIV in their national budgets, it was below the Abuja declarations commitments. Ongoing discussions are

focusing on increasing the percentage of national budget allocated to health and HIV response programmes and increasing efficiency and effectiveness in HIV programmes and leveraging the alternative local funding sources. Although the advocacy plan was not developed, semi/annual reports indicate that EAC constantly engaged leaders through holding on spot assessment and public hearings on health and HIV and AIDS, development of policy briefs on HIV in region and synthesis reports to inform heads of Partner States deliberations during the Summit. These constant engagements created an environment where leaders showed willingness to support the HIV programs in their countries[13].

At the regional level, the HAU continued to regularly update East Africa Legislative Assembly (EALA), on the HIV situation in the region using the annual and semi-annual reports and the on spot assessment, public hearing, monitoring visits to the Partner States where leaders were engaged. One such on spot assessment was held in 2010 in republic of Kenya. As a result, EALA continued to show commitment to issues of HIV and AIDS, for example the assembly considered and passed the EAC HIV prevention and management bill 2012. The bill was assented to by all heads of the five Partner States[14].

Gaps and challenges

i. The proposed HIV and AIDS Peer Review Mechanism to support Partner States was not established and at regional level, Partner States would highly benefit from the cross learning that comes with this approach.
ii. Lack of a leadership advocacy strategy compromises on the institutionalization of a mechanism for reaching out to the leaders consistently.

3.6. Consolidate effective partnerships among strategic partners both within and outside the EAC region in response to HIV and AIDS

The EAC annually convened a regional EAC HIV/AIDS Partnership forum. The forum does not only provide an occasion to review progress in fighting HIV, but also provides an avenue for information sharing and validation of program reports and joint planning and review in line with the regional and national HIV and AIDS TB and STI response. Additionally the ICP donor consultative forum was regularly held twice a year. The meeting targets development partners and regional economic communities and IPs. This forum fosters commitment to funding obligations from partners but also promotes accountability and advocacy for funding alignment to both existing and emerging priorities. This mechanism also facilitates sharing of programme progress and receiving of guidance from development partners as well as regional implementing partners. Similarly, the EAC HAU has mobilized new partners including North Star Alliance, FHI 360 while consolidating partnerships with already existing partners including IOM, GLIA, USAID, UNAIDS, UNDP among others.

3.7. Mitigate the effects of vulnerabilities related to HIV/AIDS that result from internal and cross-border population mobility within the East African region through harmonized responses and interventions by various multi-Sectoral stakeholders

The concern for improving programming for mobile and cross border key and vulnerable populations has steadily gained ground in the EAC particularly at the regional level. For example, in a bid to strengthen policy and programming for cross border populations, at its meeting held from 19th to 22nd May 2009, the Sectoral Council of Ministers of Health from the five Partner States recommended the inclusion of an objective focusing on mobile and most at risk population in the regional EAC HIV strategic and operational plans. As a follow up on this commitment, the Transport Corridor Task

[13] Also see pages 16-17 of the EAC (2012) 6th Semi-Annual Narrative Report on the implementation of the EAC Regional Integrated Multisectoral Strategic plan for HIV and AIDS 2008 – 2013 (1st January 2012 to 30th June 2012)

[14] Also see page 17 of the EAC (2012) 6th Semi-Annual Narrative Report on the implementation of the EAC Regional Integrated Multisectoral Strategic plan for HIV and AIDS 2008 – 2013 (1st January 2012 to 30th June 2012)

Force was formed later on in 2012 to oversee the implementation of the HIV and AIDS programming along the transport corridor and cross border areas[15].

Mobile and vulnerable populations

This objective was implemented by the LVBC under the EALP programme on behalf of the EAC secretariat. The main focus was to generate baseline information on the HIV and AIDS prevalence among mobile populations in the region around the Lake Victoria basin. These included the fishing communities, plantation workers and the university students in the region. Three sero-behavioral surveys among the population groups listed above were conducted in Uganda, Kenya, and Tanzania. The study in Rwanda was conducted much later, while that for Burundi has not been conducted due to shortage of resources, and change in priorities. These reports have informed Health and HIV programming in the Partner States and have been used and referenced in key regional and national strategic documents, including Strategic plans for HIV and AIDS.

Transport corridor

The EAC Secretariat implemented a number of key interventions that have contributed to mitigating the effects of vulnerabilities related to HIV and AIDS that result from internal and cross-border population mobility within the East African region:

a) The landmark Joint cross border Ngara experts' meeting

The joint cross border meeting of health experts and field visits held from 27th June to 2nd July 2011 at Ngara[16] then Kigali organized by the EAC Secretariat HIV and AIDS Unit in collaboration with IOM and EAC Partner States considered and proposed:

i. Sites for the EAC regional transport corridor wellness centers at sixteen (16) strategic locations in the region, the architectural design, and proposed services to be offered to ensure access to services for the mobile populations and resident communities. They also proposed minimum staffing levels for the wellness centers; and
ii. Proposed the scope of integrated health, HIV and AIDS, Sexual and reproductive health and disease surveillance and cross border response package of services to be offered at the proposed EAC regional transport corridor wellness centers among others.

The outcomes of this landmark joint cross border meeting contributed to

i. Developing the East Africa IOM project on "provision of a minimum essential package of integrated HIV and AIDS, and SRH services along major transport corridor and cross border control points in Tanzania, Burundi and Rwanda. This was implemented by IOM and ended in 2014;
ii. Establishing the EAC Expert Task Force on Transport corridor programming which is now the " Expert working group on Transport corridor programming" as approved by the 11thSectoral Council of Ministers of Health, and
iii. The USD 12 million dollar USAID funded Cross border Integrated Partner Ship Project (CB – HIPP) being implemented by FHI 360. This three year project is implementing intervention at ten (10) of the sixteen (16) cross border sites identified by the experts during the Ngara meeting.

15 See pages 11-14 of the EAC 2013). 8th Semi-Annual Narrative Report on the implementation of the EAC Realigned HIV and AIDS Strategic plan (2012-2014), 1st July 2013 to 31st December 2013

16For details see the EAC (2011) report on "Joint Cross Border Meetings and Field Visits for EAC Partner States Health Experts on Disease Prevention and Control, HIV and AIDS Prevention and Control and Sexual and Reproductive Health, Kirehe District (Rwanda), Ngara District (Tanzania),Muyinga Province and Rama Hotel Kirundo (Burundi), 27th June to 2nd July 2011

b) Evaluation of the Health, HIV and AIDS and gender interventions implementation under trans-boundary road infrastructure project

The EAC secretariat in collaboration with Partner States experts and key CSO and implementing partners assessed the extent to which the contractors had implemented interventions under Health, HIV and AIDS, Gender from 8th to 10th February 2012. The assessment focused on the implementation of health, HIV and AIDS, gender and social interventions and responses along Arusha-Namanga-Athi river road reconstruction project in comparison to provisions in the contract. During the assessment, the delegates made the following key observations:

i. The contractor achieved to some extent the planned Health, HIV and AIDS and Gender interventions and responses as provided for in the contracts despite the small resources budgeted provided;
ii. There was limited involvement of the NACs and MoH as well as local administration structures in the implementation of the programme from inception and throughout the project life.
iii. There was weak planning of M&E system for the health, HIV and AIDS and gender interventions by the contractor and local / regional authorities.
iv. The budget provided for health, HIV and AIDS interventions was small as compared to the activities envisaged.
v. No proper planning had been undertaken by Chine Geo-engineering Corporation, working on the Arusha-Namanga Road to implement activities provided for in the contract.
vi. It was noted that the evaluation of the extent to which the contractor had achieved set targets was impossible due to lack of clear set targets and milestones to be used in the monitoring and evaluation.
vii. Gaps in the area of occupational health and safety, labour laws, and environmental impact were observed during the implementation of the planned Health, HIV and AIDS and Gender interventions and responses along the road project.
viii. There was limited gender considerations on most of the contractors' interventions and structures.
ix. There were no public amenities at the borders and along the high way.
x. Implementation of the proposed designs of the One Stop Border Posts (OSBPs) needed Public Private Partnerships to include facilities and other amenities both at the cross border points and the inland depending on need.

Figure 1: Chine Geo Construction Corporation workers working with no protective gear

Using this assessment as a case study, the delegates recommended as follows:

i. The EAC Secretariat should take the lead in identifying a committee to fast track the process of incorporating modifications in the OSBPs;

ii. Urged the EAC Partner States to make provisions in the bid documents for construction and reconstruction of major national and regional roads and highways to allow for

independent bidding of the provision of planned Health, HIV & AIDS and Gender and social interventions;

iii. Recommended to the EAC Partner States to strengthen the pre-contract budgeting for the Health, HIV and AIDS component and develop a work plan including a Monitoring and Evaluation plan with clear set targets and indicators for future projects;

iv. Recommended to the EAC Partner States to integrate Periodic monitoring of Health, HIV and AIDS and Gender alongside the civil works; and

v. Urged the EAC Secretariat and Partner State to improve on the road projects to include detailed components on Health, HIV and AIDs, Gender, social and community participation.

Respondents from partner states observed that although there has been variable implementation of their recommendations by the individual Partner States, there is generally an observation that most projects are now incorporating HIV environmental impact assessments and including HIV as a cross cutting issue in the bills of quantities. The challenge has been the weak mechanisms to monitor the implementation of the planned HIV activities during the execution of the projects.

Challenges / Gaps

i. Lack of appropriate mechanisms and harmonized regional tools for monitoring the mainstreaming of interventions on health, HIV and AIDS and gender intervention in capital infrastructure projects in the region, and follow up on implementation of key recommendations from the Arusha, Namanga – Athi river road in the all EAC Partner States,

ii. Limited resources to monitoring of the programmes implemented by partners at cross border points in the region, including follow up activities on capital projects in the region due to poor coordination; and

iii. Limited mainstreaming of interventions on health, HIV and AIDS and gender intervention in capital infrastructure projects in the region;

iv. Weak coordination structures, guidelines and lack of uniform standards on how to implement and monitor the planned HIV activities during the execution of the projects,

Priorities:

i. The EAC Secretariat should work with Partner States and development partners to facilitate the proper mainstreaming of interventions on health, HIV and AIDS and gender intervention in capital infrastructure projects in the region;

ii. EAC Secretariat should mobilize resources to develop a regional framework to guide mainstreaming and monitoring of interventions on health, HIV and AIDS and gender intervention in capital infrastructure projects; and

iii. The EAC Secretariat should mobilize resources to facilitate the EAC Expert Working Group on Transport Corridor Programming to fully implement follow-up activities to ensure that the recommendations from the 1st inspection are implemented.

Key points

- ✓ Fully operational unit with staff, necessary equipment, guidelines and TWG and EWGs necessary for effective delivery of the project goals
- ✓ Programme generated critical evidence that has shaped HIV and AIDS programming especially for the key and vulnerable populatins in particular r the fishing communities in the EAC region
- ✓ The programme through this phase clearly identifies gaps in the guidelines, legal, policy frameworks, and tools thanks need to be developed that should be considered and addressed in the next phase of funding

Overall, the first phase of the programme (2008-2012) scored positively in terms of laying the foundation, establishing key structures for operationalization of the unit, recruitment of key personnel and setting up coordination

mechanisms like Head of NACs forum, Partners' forum, HIV and AIDS TWG, M&E subgroup and Transport Corridor Task Force. It also conducted a scoping study to map key regional partners on HIV/AIDS in the EAC region; regular annual Partners forum; reviewed the Strategic plan to include mobile and Most At Risk Population (MARPS) as a key strategic area of focus. However, the EAC HAU was not able to implement some key activities explicitly stated under each of the eight objectives of the programme. Most of these activities were integrated into the re-aligned Strategic plan covering the period 2012-2015.

4. RESULTS OF PHASE TWO (2012 TO 2014/15)

In 2012, EAC realigned the HIV Strategic plan to address emerging changes in the HIV and AIDS, TB and STI landscape at the global and regional level (the EAC region). The realigned plan had four objectives that took cognizant of the threats and opportunities that emerged within the realms of the EAC region. The plan was aimed at improving effectiveness and efficiency in the HIV and AIDS, TB and STI response. This section presents the key findings with particular emphasis on achievements, challenges/gaps, lessons learnt and priorities for future programming. The findings are categorized and presented under each objective of the EAC and realigned with the HIV Strategic plan for HIV and AIDS, TB and STI.

4.1. Accessibility, affordability and availability of HIV & AIDS Prevention, Care, Treatment and Support Services

During the implementation period, there was a deliberate effort focusing on dialogue to adopt new global (WHO/UNAIDS) guidelines and developing of minimum standards/services packages to contribute to harmonization. This is particularly important given that EAC Partner States are experiencing higher regional mobility due to increasing socio-economic opportunities across the region. As a result, it is becoming increasingly important to establish harmonized protocols, guidelines and standards for economic and health services including HIV and AIDS services.

4.1.1. The processes that facilitated approximation and harmonization

EAC organized several meetings that provided a forum for discussing harmonization of policies and treatment protocols. Importantly regional and individual Partner States made significant strides towards the overall objectives and strategies in their HIV and AIDS response and these were in relation to:

a) Preventing new HIV infections;
b) Providing care and treatment for persons living with HIV and AIDS to improve quality of life and reduce mortality associated with HIV;
c) Reducing stigma and discrimination among people infected and affected by HIV; and
d) Increasing sustainability of the regional and national HIV response programmes.

For example in Burundi the HIV and AIDS Strategic plan 2012-2016 addresses four strategic areas including 1) reducing the STI/HIV transmission through the increase and extension of prevention activities deemed effective, 2) improvement of PLHIV well-being and quality of life, 3) Poverty reduction and other HIV vulnerability determinants and 4) Improvement of the management and the coordination of the National Policy on HIV/AIDS[17]. Similarly, the Rwanda National HIV and AIDS Strategic plan 2013-2018 aims to achieve three goals of a) Lowering the new infection rate by two thirds from an estimated 6,000 per year currently to 2,000; b) Halving the number of HIV-related deaths from 5,000 to 2,500 per year; and c) Ensuring that people living with HIV (PLHIV) have the same opportunities as all others.

17 Republic of Burundi, National HIV and AIDS, TB, STIs Strategic plan (2012-2016), Bujumbura, Burundi. Available at: https://www.google.com/#q=Burundi+HIV+and+AIDS+strategic+plan+2012-2016+

The EAC Partner States and stakeholders worked towards harmonization of programmes in the transport corridor. This was intended to reduced duplication, increased quality, client satisfaction and synergy of programmes implemented by the different partners. This was preceded by mapping of HIV and other Health services along the major transport corridor in the five Partner States. In addition a strategy and minimum package of health and HIV and AIDS and other services for populations along the major transport corridor was developed.

To further provide guidance to harmonization, EAC developed the overarching HIV and AIDS, TB and STI strategic and implementation framework 2015/2016-2019/2020. The highly consultative process of developing the plan provided a forum for reviewing existing evidence and developing strategies to harmonize the individual partner state and the regional HIV responses. In particular the regional and Partner States work plans have been harmonized to:

- Increase domestic financing of the HIV response;
- To target sources of new infections with combination HIV prevention evidence based interventions aimed at reducing new infection; and
- To focus on the UNAIDS global targets of having at least 90% of estimated HIV infected person knowing their HIV status, 90% of those who know their status enrolled in care and initiated on lifelong ART and 90% of those on ART, retained in care and have undetectable viral load by year 2025.

However, there are still challenges in harmonization of policies and treatment protocols because of variation in epidemic type, capacity and resources, and methods of work of the implementing partners.

4.1.2. Harmonizing EMTCT programme Indicators & Targets: Adherence to global requirements of Universal access of treatment for all mothers –EMTCT

During the implementation period, countries were required to align the national response to the United Nations General Assembly Global Plan towards the elimination of new infections among children by 2015 and keeping mothers alive. The plan had two high-level targets, namely, to reduce the number of children newly infected with HIV by 90% and to reduce the number of pregnancy related deaths among women living with HIV by 50%.

The EAC Secretariat coordinated efforts that brought together PMTCT experts to document success stories and lessons learnt from Partner States' PMTCT programmes. The meeting of experts was held on 25th to 27th August 2014 at Sports View Hotel, Kigali Rwanda. The experts observed that Partner States had harmonized the PMTCT treatment guidelines with the WHO 2013 guidelines, where all HIV positive pregnant and lactating mothers are started on life saving ART for life to prevent transmission of HIV to the baby and for the health of the mother. However a few differences were noted including; 1) differences in reporting time lines for certain indicators, 2) advocacy approaches, and 3) financing the PMTCT programmes among others. The experts agreed to:

- Involve high level political leader's e.g. First ladies in high level advocacy, and promoting of PMTCT/ eMTCT programmes;
- Harmonize the regularity of reporting in the different Partner States; and
- Conduct advocacy campaigns for PMTCT programme fund raising e.g. Use of marathon

These recommendations were adopted by the EAC Sectoral Council of Ministers of Health during their 10th Ordinary meeting held on 16th October 2014 at EAC Headquarters, Arusha, Tanzania. The Sectoral council;

a) Directed the EAC Secretariat to identify regional champions to advocate for scale up of PMTCT/eMTCT services in the region (EAC/Health/SCM-10/Directive 050); and

b) Directed the EAC Secretariat to work with the EAC Partner States to identify best practices and innovations whose impact they can demonstrate. This will in turn be used to advocate for the scale up of PMTCT/eMTCT services in the region (EAC/Health/SCM-10/Directive 050)

These efforts have contributed to renewed commitment to reduce vertical transmission from mother to child in all the Partner States. The renewed commitment has seen first ladies engaged in these advocacy campaigns. Efforts to identify regional champions to advocate for scale up of PMTCT/eMTCT services in the region are still underway. All Partner States are implementing the rolling out of the universal access to ART for all HIV pregnant women for life, using WHO 2014 PMTCT guidelines that provide for test and treat all newly diagnosed HIV infected pregnant and lactating mothers, with/without prior CD4 or viral load testing. The guidelines also provide for strong community support systems by PLHIV networks and other community structures. [18]

Lessons learnt

i. Lack of harmony in reporting timelines and schedules may lead to inaccurate comparison of programme performance.
ii. Inadequate human resources and variations in remuneration have constrained the universal ART access by all pregnant and lactating mothers.
iii. Weak and less prioritized community systems and structures to support the different prongs for the PMTCT program hampers its effectiveness.
iv. Weak laboratory network to facilitate Early HIV diagnosis in infants.

Priorities towards harmonization

i. The programme should develop a robust mechanism for following up on the recommendations and fast track the identification of a champion to advocate for scale up of PMTCT/eMTCT services in the region;
ii. Adolescent and SRH integration –facilitate the harmonization of services to young girls who are largely left out in the access to eMTCT services;
iii. Develop a harmonized minimum package for adolescent comprehensive HIV and SRH services for the EAC Partner States;
iv. Promoting efficient practices like adopting performance Contract for Health- Adaptation of business management model into public services; and
v. Develop a strategy for Community Health Systems strengthening, to guide community engagement, participation and involvement for better health outcomes in the EAC region.

4.1.3. HIV Testing Services (HTS)

The testing algorithm for HIV diagnosis is essentially similar in all the five EAC Partner States involving; three serial tests using Antibody (Ab) and or Antigen (Ag) assays, by a health worker. Regarding the five principles for HIV counseling and testing services; all Partner States policies have embraced them as key guiding principles. These include; consent, confidentiality, counseling, correct results and connection.

Great achievement was scored when all the heads of Partner States assented to the long awaited EAC HIV prevention and management Act 2012. The Act provides for ensuring of confidentiality of HIV test results including non-disclosure of results[19].

[18]PMTCT Kigali meeting report 2014

[19]*EAC (2012) HIV management and prevention Act 2012*

Challenges

During the review of the EAC Partner States HIV laws, Acts, policies and guidelines, the following challenges were identified:

- Mandatory HIV testing is considered as a perquisite for recruitment into some jobs especially the armed forces. For example the Uganda peoples defense forces and Uganda Police Force recruits only HIV negative individuals;
- There exists a lacuna in regard to harmonization of HTS as provided for in the EAC HIV management and prevention Act and EAC Partner States. For example the Uganda HIV management and control Act 2014 has some criminalizing sections (Clause 21e, 39 and 41) which may deter individuals from seeking HIV testing services. Such closes would need to be harmonized with those of the EAC HIV management and prevention Act; and
- Partner States are yet to fully adopt the HTS with the WHO 2015 guidelines that provides for scale up of HIV testing services to identify at least 90% of estimated HIV infected individuals.

Priorities

- Conduct a comprehensive review of the HIV testing services policies, guidelines and practices in the region to further inform harmonization.
- EAC to organize a meeting to discuss the adoption of new innovations in HTS such as HIV self-testing.
- To urge Partner States to fast track the recommendations of the report on comprehensive review of EAC HIV laws, Acts and policies, which call for reviewing, deleting, correcting and harmonizing of laws and policies to promote uptake of HIV services within Partner States.
- Conduct further discussion with Partner States experts to promote the adoption of the WHO 2015 guidelines on HIV testing services.

4.1.4. Condoms &lubricants Social marketing Branding

Globally male and female condoms are widely recognized as crucial for preventing new HIV infections, particularly among those who engage in risky sexual behaviors and preventing unplanned pregnancy[20].Condoms promotion and distribution is key component of the combination prevention package in National HIV prevention programmes. At the EAC secretariat, condom promotion and distributions was done as part of the commemoration of World AIDs Day and other international advocacy days.

Challenges

- Limited accessibility of condoms especially at community level.
- Resistance of condom distribution and promotion by moralists threatens the successful roll out of the programme.
- Limited availability and acceptability of female condom even among sex workers increases the chances of vulnerability to HIV infection among such populations.
- The EAC Partner States continue to report stock out of condoms. This may be due to challenges of procurement and stock chain handling among other factors.

Priorities

- Develop minimum standards for promotion and distribution of condoms and setting M&E strategies to monitor condom stocks and usage among the different population subgroups (youths, vulnerable, key populations, discordant couples, and adults.) within the EAC region.

20 Carina van Vlie et al (2001). Focusing strategies of condom use against HIV in different behavioural settings: an evaluation based on a simulation model Bulletin of the World Health Organization, 2001, 79: 442–454.

- Convene dialogue session for Partner States to discuss strategies for condom distribution and promotion among school going youth who are sexually active.
- Support the medicines and pharmacy unit to fast track the bulky procurement of medicines including condom procurement and or manufacturing in the EAC region.

4.1.5. STI diagnosis and management

The WHO Syndromic approach guidance to STIs diagnosis and management aims to treat symptoms (syndrome) and signs of a group of diseases rather than treating a specific disease. Most STI conditions often occur at the same time and hence Syndromic approach offers an opportunity to treat them oncetheyhappen[21]. During the review period, the programme had planned to conduct a study to understand the STIs situation in the region but this was not executed. The study was not conducted due to inadequate resources, and the need to use a more robust methodology for more liable results. This assessment has been prioritized for the next phase.

Challenge

i. At EAC secretariat and at Partner States level, STI and HIV programmes have been merged. However, STI response has been overshadowed by the HIV response, leaving STI response less pronounced and weak.
ii. Limited capacity at secretariat to collect, synthesize and use STI data by experts in the region
iii. Limited capacity to diagnose and treat anal/rectal STI.

Priorities

i. Conduct triangulation of data to understand the common STIs and strengthen the STI programming in the region.
ii. Develop an STI surveillance program for the EAC region to monitor sensitivity and resistance to commonly available antimicrobials.
iii. Design programs to advocate Partner States to institute mechanisms to control the sell, use and misuse of antibiotics particularly those intended to treat STI.

4.1.6. Care and treatment

Care and treatment remain the most important interventions for mitigating the health effects of HIV/AIDS. The global target of achieving 90 90 90 requires increasing the number of HIV infected people enrolled and retained on chronic ART management. In order to achieve this target, WHO released the 2015 "treatment for all" guidelines irrespective of the clinical and immunologic state of a patient. These guidelines are far so ambitious in terms of human, financial and other resources required to successfully adopt and implement. During the implementation period the EAC HAU was key in disseminating the updates of the WHO ART treatment guidelines during TWG meetings and thereby facilitating the harmonization and or adoption of the new global guidelines and policies.[22,23] The overall agreement at the Sectoral council level was that the programme should facilitate documentation of best practices in adoption, adaption and implementation of new guidelines once developed, and share practices in the region.

[21]World Health Organization (2003).Guidelines for the management of sexually transmitted infections. Available at: http://apps.who.int/iris/bitstream/10665/42782/1/9241546263_eng.pdf

[22]Minutes of the EAC HIV M&E sub group, senior Members of the Ministry of Health meeting and Council of Ministers' of Health Meeting

[23]Annual and semi-annual EAC HIV and AIDS reports

Challenges

i. The mandate of EAC only allows them to urge Partner States to adopt or harmonize guidelines and it's the discretion of Partner States to decide on what, how and when to adopt.
ii. Frequent release of WHO guidelines has affected the harmonization process and the EAC has opted to instead work with Partner States to set minimum standards.
iii. The Partner States are holding back in adopting the treatment for all guidelines because of uncertainty about the sustainability of maintaining PLHIV client on ART.

Priorities

Conducting unit costing, efficiency and effectiveness studies to inform the roll out of the new 2015 "WHO ART treatment for all" in the region; and
Hold dialogue meetings with Partner States to facilitate harmonization of targets for care and treatment in the region.

4.1.7. Tuberculosis (TB) and HIV

EAC integration has led to increasing trade and mobility of people across Partner States. Such movement propagates not only the spread of communicable diseases like TB and HIV[24] but also treatment interruptions. This is exacerbated by the differences in treatment protocols across Partner States. Workers in emerging industries like oil and gas, and the mining sector are increasingly prone to risk of infection with HIV and TB. Despite the increasing threat of communicable diseases such as TB[25], the EAC HIV and AIDS programme has weak interventions for Tuberculosis prevention and control in the mining sector.

There has been limited involvement of TB experts in the EAC HIV and AIDS programming. Out of five EAC Partner States, the United Republic of Tanzania is implementing a workplace HIV and TB program in the mining industry. This is partly because it also belongs to the SADC REC which had developed and is implementing a TB-mining nexus strategy[26].Most of the TB programming is under the East African Public Health Laboratory Networking (EAPHLN) project mainly focusing in laboratory strengthening for TB Diagnosis. Participants in the evaluation, however, commended the World Bank Group support to the East African Public Health Laboratory Networking (EAPHLN) project. The EAPHLN project supported the establishment of a network of 31 laboratories that assist other laboratories in quality improvement during the diagnosis and surveillance of TB and other communicable diseases. Under this project the five Partner States rolled out the GeneXpert machines for diagnosis of TB.

Challenges

i. Over the implementation period, there was limited prioritization and capacity to focus on TB programming to respond to the increasing threat; and

ii. The representation of Tuberculosis program is minimal in the EAC established structures and this compromises the advocacy efforts for the program. At EAC level, these were limited to specifically discuss regional TB related issues yet during the TWG meetings, there were mainly HIV experts who deliberately minimally discussed issues related to TB response.

[24]Stuckler, D et al. (2010).Mining and Risk of Tuberculosis in Sub-Saharan Africa American Journal of Public Health Pages 1-7
[25]Stuckler, D et al. (2010).Mining and Risk of Tuberculosis in Sub-Saharan Africa American Journal of Public Health Pages 1-7
[26]SADC (2012).State of Tuberculosis in the SADC Region. Directorate of Social and Human Development and Special Programs SADC Secretariat, Gaborone, Botswana. Available at:https://www.sadc.int/files/5114/1898/8224/000_13SADC_Tuberculosis_Report_2009.pdf

Priority should be to Develop and implement regional strategy for TB prevention and management and integrate TB programmatic response in the programme.

Overall, EAC advocated for the adoption of new global guidelines and harmonization of treatment protocols across the region. Specifically: facilitated the development and operationalization of client charters; conducted Health services mapping along the major transport corridors; Initiated discussions for developing the regional EMCT strategy; supported the EAPHLN to establish 31 laboratories aimed at enhancing quality improvement for TB and other communicable diseases management; and continuously engaged National AIDS Councils (NACS), Partners Forum, TWGs to advocate for the adoption of the global UNAIDS Treatment Targets: 90% of People Living with HIV know their status; of those who know their status, 90% are on ART; of those on ART, 90% achieve viral suppression by 2030. However variation in the epidemic type in the region, capacity and resources made it a challenge for Partner States to adopt, harmonize and implement the new guidelines.

4.2. Scaling up leadership involvement, commitment and ownership for sustainability of the HIV and AIDS response in the five EAC countries

Under this objective, the EAC secretariat aimed to improve the legal and policy environment for HIV programming which would in turn influence availability, access to and utilization of HIV and AIDS and other services to the population. The programme also considered policy environment at the work place in EAC Organs and institutions; resource mobilization and sustainable financing and among others.

In general, the mechanisms adopted by Partner States to coordinate the national HIV response vary, because of the diversity in socio-economic circumstances of the population as well as the human and financial capacities, methods of work, epidemic type and severity of the HIV epidemic in the Partner States. Therefore, implementation and coordination arrangements for Partner States are sensitive to their context specific peculiarities.

Achievements:

4.2.1 Creation of an enabling environment for program implementation;

i. Capacitating of the EAC Secretariat

The programme continued to strengthen its capacity by retaining key staff under the programme and facilitating staff to undertake tailored training courses such as project design and management.
Stakeholders noted that the recruitment and retention of staff was a significant step towards making the HAU functional and effective in fulfilling its mandate. This laid the foundation for establishment, capacity building and functionality of other EAC structures that work in partnership with the HAU to implement the strategic and operational plans. For example in 2011/2012, the HAU and the HIV TWGs reviewed and realigned the HIV and AIDS Strategic plan with the emerging evidence.

ii. Establishment of operational structures - EAC Working Groups

The formation and operationalization of Expert Working Groups with representatives from Partner States contributed to development and review of the various strategic documents and information required for the regional and national HIV and AIDS response. These EWGs include: the EAC Regional EWG on Sustainable Financing for Health HIV and AIDS; EWG on Knowledge Management; EAC regional Think Tank on HIV Prevention and Control; and EWG on Integrated Health and HIV Programming along Transport Corridors in East Africa.

These structures created a forum for regular peer reviews, sharing experiences including best practices, challenges and lessons learnt across the Partner States. These structures have also been used to provide technical backstopping through validation of decisions, strategies and studies conducted under the coordination of the EAC HAU. The studies and strategy documents developed and validated through the EAC working with TWGs, and the EWGs include among others:

- ✓ The report of the Comprehensive analysis and the HIV Legal and Policy Reform Framework[27];
- ✓ EAC regional study report on the HIV disease burden at cross border communities in the East Africa region HIV and AIDS response report 2013: realizing the regional goals in HIV and AIDS, TB and STI programming;
- ✓ Regional report on mapping of health services along transport corridors in East Africa; and
- ✓ The Situation Analysis of Health and HIV and AIDS along the East African Community (EAC) transport corridors.
- ✓ Sustainable financing analysis for universal health and HIV coverage for the EAC region

These have informed the process of developing the regional and national strategic documents including the Approved the EAC HIV and AIDS, Tuberculosis (TB) and Sexually Transmitted Infections (STIs) Strategic plan and Implementation Framework (2015-2020).

4.2.2 Sustainable Financing Initiative for Health and HIV and AIDS for the EAC region;

Based on the Sectoral Council of Ministers of Health directive, the HAU planned a number of priority actions geared towards increasing funding for HIV and AIDS interventional at the regional and Partner States' level. These included; developing a resource mobilization and sustainability strategy for HIV and AIDS response in the region, its operationalization and dissemination.
In 2014, the 10thSectoral council of Ministers of health approved "Terms of Reference to develop a technical paper with the proposed alternative financing models for HIV and AIDS in the EAC region". In view of the foregoing, the EAC Secretariat supported by the EWG on sustainable financing, UNAIDS RST, Partner States and stakeholders, successfully conducted an analysis on sustainable financing options for universal health and HIV coverage for the EAC region. The report on sustainable financing for universal Health and HIV coverage in the EAC region provides the current situation of financing for health and HIV and AIDS in the region, and Partner States, showing the funding gaps and proposes options for bridging the identified gaps by 2030. The EWG on Sustainable Financing has used the sustainable financing report for universal health and HIV coverage to develop an Issues Paper to guide discussions at a High Level Dialogue Meeting (HLDM) on Sustainable Financing on Health, HIV and AIDS in the EAC region.

The High Level Ministerial Dialogue on Sustainable Financing was convened on 24th June 2016, and was attended by Ministers of Health and Ministers of Finance in the EAC Partner States with their relevant key officers and key stakeholders to dialogue on sustainable financing for health and HIV and AIDS for the region. The Ministers o considered the recommendations as contained in the report on Sustainable Financing Analysis for Universal Health and HIV coverage report, shared experiences on existing and possible domestic financing options and mechanisms, and adopted a Framework of Action (FoA) on sustainable financing for the EAC region as indicated in the Joint Ministerial Communiqué on Sustainable Financing[28].At Partner States level, Stakeholders noted that the

[27]Sectoral Council of Ministers of Health meeting resolution ref - EAC/SCM/Health/Decision 063

[28]Joint Communiqué of The Ministers of Health and Ministers of Finance from the East African Community Partner States on Sustainable Financing for Universal Health and HIV & AIDS coverage for the EAC Region, 24th June

discussions at the EAC level helped to trigger discussions of domestic resource mobilization and financing of the HIV and AIDS response among Partner States.For example the Republic of Uganda passed the HIV and AIDS Prevention and Control Act, 2014 where section 25 to 28 commits to the setting up of the AIDS Trust Fund. The Government of Uganda is in the process of finalizing the AIDS Trust Fund Regulations. Kenya invested about Ksh. 2.4 billion in the last budget cycle for HIV. NACC (Kenya) also published its domestic financing plan for HIV research with targets of reaching 50% share of domestic financing by 2019. The United republic of Tanzania is increasing allocation of the funds from national budget to the AIDS trust fund. Some of these developments were attributed to the advocacy and recognition at the level of EAC Sectoral Council of Ministers of Health on the need to prioritize and invest in the Regional and National HIV response. This was clearly highlighted in the remarks of one of the KII from Uganda:

"Engagement in HIV domestic financing at the EAC level opened eyes of Partner States. Kenya and Tanzania were making good progress in operationalizing the trust fund. EAC is a great forum and should continue advocating for leaders to catalyze the process of sustainable/domestic financing of the HIV response" (KII, Ministry of Health, Uganda).

Gaps/Challenges:

i. Although there are signs that the programme has built enough support and momentum on the sustainable financing initiative, only development of the situation analysis report and mobilization of partners are concluded. The resource mobilization and sustainability strategy has not been developed yet, the delays are likely to affect other processes. The evaluation team noted the delayed process of over two years in developing the resource mobilization and sustainability strategy, due to various reasons including; lack of a comprehensive situation analysis on sustainable financing for the region, limited capacity and leadership commitment to spearhead the process.
ii. Stakeholders noted that the HIV response in the region is heavily dependent on external donors. What is allocated to HIV in all Partner States and by the EAC to the HIV unit is still a dismal amount that is far from the recommended targets for fast tracking domestic financing.

In a bid to address the above challenges, EAC HAU and its stakeholders should take note of the key findings from the exploratory study on Sustainable Financing Analysis of Universal Health and HIV Coverage in the East Africa Community. The EAC secretariat and the Partner States should operationalize and fast track the implementation of the FoA on sustainable financing for the EAC region.

4.2.3 Creating an enabling legal and policy environment for HIV and AIDS programming;

One of the priority actions in the Realigned HIV and AIDS Multisectoral Strategic plan and Implementation Framework 2012 - 2015Strategic plan was to support and advocate for the adoption of rights based HIV & AIDS policy and legal reforms within the region. The major milestone achieved by the EAC HAU in this regard was to successfully develop the **EAC HIV and AIDS Prevention and Management bill 2012**, that was assented to by all Heads of State of the Partner States by December 2014. The EAC HIV and AIDS prevention and management Act 2012 now guides Partner States on all matters dealing with HIV and AIDS prevention and management.

Further, the EAC Secretariat in partnership with UNDP RST for Eastern and Southern Africa and EANNASO developed the EAC legal and policy reform frame work (Action plan) to address gaps identified during the comprehensive analysis of HIV and AIDS Laws, Policies and Strategies in all the EAC Partner States. The analysis was conducted in preparation for operationalization of the EAC HIV and AIDS Prevention and management Act 2012.The comprehensive analysis of report of EAC Partner States HIV and AIDS Laws, policies and strategies clearly articulates the legal and policy gaps

and barriers to delivery of comprehensive HIV responses at the national and regional level. The report on comprehensive analysis of HIV and AIDS Laws, Policies and Strategies was adopted by the 10th Sectoral Council for Health and approved by the 30th Council of Ministers in November 2014 and launched in March 2015 during the 2nd EAC HIV and AIDS Symposium/5th EAC Health and Scientific conference. The report has been shared with relevant stakeholders in the region and in the Partner States.

During the evaluation exercise in the Partner States, were informed that the experts in countries had already used the findings of the comprehensive analysis to guide review processes of Partner States laws and policies. Through these processes, awareness about the EAC HIV and AIDS prevention and management act 2012 has also been created among stakeholders at the region and among Partner States.

Challenges/Gaps

i. The action plans developed by Partner States have been disseminated but not implemented to address the gaps at Partner States level.

ii. There were concerns from stakeholders that beyond facilitating the development of the action plans, the EAC did not put in place a structured mechanism for follow up and tracking progress of the implementation of action plans. This has affected the effectiveness of advocacy strategies for legal and policy reforms required to enhance access of HIV and AIDS services particularly to key and vulnerable populations.

Priorities:

The HAU should prioritize supporting Partner States in developing work plans to address gaps as outlined in the framework.

The HAU should generate a Policy Brief summarizing the legal, policy and strategy gaps to be addressed and advocacy materials for purposes of advocacy with EAC Sectoral Council of Ministers of Health, EALA and relevant ministries, NACs and other stakeholders at Partner State level.

4.2.4 Annual EAC regional HIV and AIDS Partners' Forum (PF);

The EAC HAU convened nine annual Partners Fora (PF) to share information, build consensus on key programmatic issues, and coordinate programmes. The PF have allowed improved alignment to the regional HIV and AIDS priorities as espoused by the East African Community Development Strategy. Interviews with stakeholders in Partner States noted that although the forum is very useful, and regularly held. Previously there not been sufficient representation of the Justice, Law and Order Sectors, and exhaustive discussions of all areas that are critical to the HIV response in regard to the laws. In addition, the PF have no representatives from the sectors responsible for addressing the structural drivers of HIV. A weak link between the EAC HAU and the NACs has hampered with the development and implementation of actions within Partner States. As argued by one of the KII from Tanzania during the Partner States Consultations; "The Institutional set up of EAC under the department of Health at the secretariat, does not bring on board multi-sectorality which is key for HIV and AIDS as well as SRH policy and programming success" (KII, Tanzania)

4.2.5 Annual forum of Directors of National AIDS Councils and Commissions (NAC Directors forum);

During 2013-2015, three sessions of heads of National AIDS Councils and Commissions in the EAC Partners States, were convened. Through the forum the NAC Directors provided leadership and guidance to the AIDS programme on a regular basis. The forum has been used to share information on the HIV response from their perspectives, building a cohesive response and discussing harmonization of key aspects on HIV and AIDS affecting Partner States and the EAC region.

Figure 2: 3rd NAC Director Forum, 26th June 2014, Kigali Rwanda

Overall Gaps and challenges:

i. Several activities were proposed in the Strategic plan to scale up leadership involvement and commitment that were not implemented mainly due to limitations in funding. These include: Facilitating operationalization of the Regional Legal reform action plan; Training executive staff decision makers on safety at work, wellness management and HIV and AIDS; and conducting a scoping study to map EAC's Key HIV & AIDS regional partners among others. Although the process of developing the regional health and HIV sustainable financing strategy has gained momentum with the finalization of the situational analysis on sustainable financing and establishment of EWG on financing, the period for the plan elapsed without a strategy being developed, passed and approved by the Sectoral Council of Ministers.

ii. It was noted by some stakeholders that when the donors contribute most of the funds, they tend to define the agenda and priorities, some of which may have scored low priority in the EAC context. "***When the response is funded by a donor, the agenda is driven by the donor…the donor wants her agenda to be prominent and favor issues of the donor…donors should fund priorities of the EAC and partner state***" (KII, Tanzania). It was also noted that there are challenges of coordination in financing of the HIV response. For example, all Ministers of Finance in the EAC Partner States read their budgets on the same day. One of the participants asked, "***Why can't we also in HIV and AIDS do our sero behavioral surveys, HIV Strategic plans, mid-term reviews, epidemic reports etc. more or less at the same time?" (KII, Zanzibar)***

iii. It was noted that NAC Directors Forum is not part of the mainstream structures of the EAC especially the Senior Health Officials and the Sectoral Council of Ministers of Health meetings where key issues on HIV and AIDS are discussed and decisions are made. Therefore EAC structures are more aligned to the health sector which negates the multi sectoral nature of the HIV response at the Partner States level. Some key informants argued that this has created a gap in communication between the EAC HIV unit and related organs and the NACs. Furthermore, unlike Ministries of Health, the EAC HIV unit does not have focal persons within the NACs at partner state level. "***There is need for focal persons of EAC in all the***

NACs" (KII, Kenya). It was suggested by stakeholders that the composition and terms of reference for the Sectoral Committee on Health should be reviewed and revised to include the NAC Directors in order to bridge these gaps.

iv. There were concerns that the HAU is confined in one sector (health department). Some KIIs argued that; "***there is need for a strong link between HIV Coordination structures at the Partner States level and the EAC HIV regional response coordinated by the HIV unit***". Evidence has demonstrated that HIV should not be confined to a sector but be multisectoral with behavioral and structural dimensions that cannot be adequately confined in the health department. Having the EAC HIV unit under the health department was perceived by stakeholders as undermining this principle and reducing the HIV response to mainly the biomedical component. This for example was perceived to limit the ability of the HIV unit to provide stewardship on HIV mainstreaming and integration in other EAC organs and sectors. "***The Unit has steered away from the multi-sectorality of HIV and sought a comfort zone within the health department".*** This has been rendered less effective in engaging with other sectors and units that have to interface with it through the health department. (KII, United republic of Tanzania)

v. It was further noted that the EAC HIV unit lacks a coherent and comprehensive communication strategy that can help to boost its visibility, dissemination of information and strategy documents as well as its stakeholder engagement. It was noted particularly by the CSOs that EAC unit has a week civil society engagement strategy. The voice and engagement of the civil society particularly the PLHIV networks at the regional and Partner States' level is limited and at best ad-hoc. Therefore the EAC HIV unit in its Strategic plan scores low on Greater involvement of PLHIV and meaningful involvement of PLHIV principles espoused by UNAIDS and other bilateral and multilateral Development Partners.

vi. Stakeholders further raised concerns about the limited involvement of the private sector in EAC HIV activities. It was noted that EAC unit also lacks a strategy and guidelines/minimum standards/package for the infrastructure/construction industry yet there is increasingly large scale construction investment projects at regional and partner state level. For example, the HIV component in the Environmental and social impact assessments is rather weak and not effectively monitored at regional and Partner States level. It was argued by Partner States' experts that ***"EAC needs to lead the process of mainstreaming HIV in the construction sector and develop a minimum service package for construction sector"*** (KII, Tanzania). Some stakeholders also noted that the EAC should step out of issues of HIV more inclined to the health sector and look at the association between HIV (and TB) and mining including informal mining. It was noted that with the proliferation of oil and gas industries, the mining HIV nexus in Eastern Africa is an important issue that needs further exploration and strategic interventions from the EAC HAU. The respondents made reference to SADC, where lessons can be drawn to inform EAC policy and programming. Lessons should also be drawn from a recent study conducted by IOM in Uganda on HIV/AIDS and TB in the mining sector including the oil and gas sub-sector[29].

[29]IOM (2015). Health and Mobility in the Mining Sector: An Exploratory Study in Uganda. Kampala: IOM. This exploratory study generated vital information on HIV and TB in the mining sector in Uganda to inform policy and programmatic interventions under the 'Partnership on Health and Mobility in the Mining Sector' programme

Priorities:

i. Review the composition and terms of reference for the Sectoral Committee on Health to include representatives of NACs.
ii. EAC should undertake a review to understand the strengths and weaknesses of positioning the HIV unit within the health department and strategically address them to make the unit more effective in providing leadership for HIV mainstreaming in all sectors, organs and institutions of the EAC.
iii. The EAC HAU should develop a comprehensive leadership advocacy and communication strategy.
iv. The EAC HAU should strengthen its commitment to GIPA and MIPA principles, by developing mechanisms that increase engagement of PLHIV networks beyond existing mechanisms.
v. The EAC HAU should prioritize strengthening involvement of the private sector and the PLHIV organizations in EAC HIV activities.
vi. The EAC HAU should prioritize development of a Regional Strategy for HIV and AIDS and TB in the mining sector

4.2.6 Mainstreaming HIV and AIDS in the EAC organs, institutions and sectors

The rationale for mainstreaming HIV was to ensure that beyond the development of the HIV/AIDS Strategic plan s and operational plans, HIV and AIDS is mainstreamed at work places. As argued by UNAIDS, UNDP and the World Bank in their Guidance Note on Mainstreaming HIV and AIDS into Sectors and Programmes, "mainstreaming HIV and AIDS into national development processes remains a key approach to addressing both the direct and indirect causes of the growing epidemic. By ensuring the integration of planning, resourcing and programming issues, mainstreaming enables the coordination of multisectoral and multi-stakeholder response[30]" The efforts towards mainstreaming HIV in the EAC organs can be traced from the 1st Semi-Annual Review Meeting (2009/2010) on the Implementation of The EAC HIV/AIDS Regional Integrated Multisectoral Strategic plan of the Joint Steering Committee of the EAC HIV&AIDS Programme (2008-2012). During this meeting, presentation of proposals for mainstreaming of HIV and AIDS into various EAC regional sectors, organs and institutions were made as summarized below:-Climate Change, Environment and Natural Resources Sector; Gender, Community Development and Civil Society Sector; Agriculture and Food Security Sector; Tourism and Hotel Industry Sector; Mobile Populations; Ports and Maritime Transport Sector; Livestock and Fisheries Sector; Education Sector; and Culture and Sports. Unfortunately these proposals were not further pursued due to inadequate capacity, resources and lack of mainstreaming guidelines at the EAC secretariat. Other efforts, however, included working in collaboration with East Africa Business Council (EABC) and GIZ guidelines to streamline HIV and AIDS in EAC hotel industry. These were developed and linked with EAC grading criteria and classifying levels of Hotels and Restaurants with EAC Partner States.

Building on these earlier efforts, in 2015, the EAC HAU, with technical support from the International Labor organization (ILO), Partner States and management of the EAC Organs and Institutions undertook a consultative process to review the HIV and AIDS Work place Policy. The policy had earlier in 2008/09, been developed but was not finalized due to challenges in the development process where the host Human Resources department and the top leadership did not own the document and hence did not adopt the policy. The reviewed HIV and AIDS Work place policy 2015 for EAC Organs and institutions is aligned to the new global advances in the HIV prevention response. The HIV and

30UNAIDS, World Bank and UNDP (n.d) Mainstreaming HIV and AIDS in Sectors and Programmes: An Implementation Guide for National Responses. Available at: http://www.undp.org/content/dam/aplaws/publication/en/publications/hiv-aids/mainstreaming-hiv-and-aids-in-sectors-and-programmes--guide/19.pdf

AIDS Work place policy provides a framework for EAC organs and institutions to respond to HIV and AIDS issues (and associated outcomes) at the workplace. The HIV and AIDS Work place Policy for EAC Organs and institutions was approved by the 12th Sectoral Council of Ministers of health on 23rd June 2016. This policy will guide the comprehensive prevention and management of health and HIV & AIDS at the work place in all EAC organs and institutions. It is anticipated that rolling out the policy will contribute to the fight against stigma and discrimination at work places and will improve the working environment hence improving productivity of the people living with HIV.

Challenges/Gaps

i. Some concerns have been raised about the effectiveness of the HIV mainstreaming in the EAC organs and institutions. Key informants particularly noted that the positioning of the HIV unit in the health department compromises its overall leadership in mainstreaming HIV largely to the health sector. It was argued by some stakeholders that given that HIV is multisectoral, it could run as an independent unit reporting to a higher level organ/authority that would facilitate coordination of the sectors and organs. "The major challenge with mainstreaming HIV at EAC is failure to have HIV as a standalone unit. …once HAU is under health, the advocacy component only remains at the level of health…The unit is not well positioned in the department of authority to provide leadership. It lacks the opportunity to report directly to the top leadership…" (KII, Consultant who worked with EAC in setting up HAU).

ii. Some stakeholders argued that the EAC HAU being a multi-Sectoral coordination unit should be seen to report to a higher level to avoid conflict of interest of reporting to one of the departments. This would enable it to benefit from leadership at the higher level and improve its effectiveness in engaging in the multi-Sectoral sense of the HIV discourse.

iii. Additionally, it was argued that current practices in the various sectors and organs do not reflect effective adoption of the HIV mainstreaming tools developed and promoted by the International Labour Organization, and workplace programmes have tended to be insufficiently supported in terms implementing and delivering workplace programmes. It was further noted that minimal attention has been given to supporting sectors to align the respective content into their Sectoral Strategic plan s for effective integration of HIV and AIDS programmes and services. The other challenges related to mainstreaming of HIV include: Lack of adequate structures for effective implementation; and inadequate dissemination of the draft HIV and AIDS work place policy to staff and management.

iv. There was minimal involvement of the Human Resources department in the HIV mainstreaming and development and implementation of the HIV and AIDS Work Place programmes.

Prioritize mainstreaming HIV and AIDS activities in the EAC organs and institutions through development and operationalization of mainstreaming guidelines

4.3. Improving the design, management, and sustainability of HIV national and regional responses through generation of strategic information

The EAC HIV and AIDS Strategic plan 2013-2015 set out to contribute to improving the design, management, and sustainability of HIV national and regional responses. It built on earlier efforts, challenges and lessons learnt during the implementation of the first EAC Strategic plan (2008-2012).

Achievements:

4.3.1 Development of the East African Community HIV and AIDS response Report 2013: realizing the goal of regional HIV and AIDS, TB and STI programming;

During the period under review, the programme finalized and published the East African Community HIV and AIDS response Report 2013: realizing the goal of regional HIV and AIDS, TB and STI programming 2013.The report is a one stop reference material on the recent patterns and trends in the HIV epidemic, current response to the epidemic, challenges and progress towards meeting the ten United Nations Political Declaration targets by 2015, and key successes in HIV and AIDS programming in the region. This report was approved by the 10th Sectoral Council of Ministers of Health that was held on 20th October 2014, in Arusha Tanzania and adopted as an official EAC document by the 30th Ordinary Meeting of Council of Ministers in November 2014. Furthermore, the report was among the key documents shared, presented and officially launched during the 2nd HIV and AIDS Symposium held during the 5th EAC Health and Scientific Conference and International Health Exhibition and Trade Fair in March 2015.

The report has been used as a key reference document in the region to inform HIV and AIDS programming especially during the preparing of the global fund round ten concepts and national HIV investments strategies[31].

4.3.2 Sharing of Key information through HIV and AIDs symposia;

The other milestone in contributing to generating and sharing evidence to guide programming, was the successful hosting of the 1st and 2ndHIV and AIDS, TB and STIs Symposia held as part of the 5th and 6thEast African Health and Scientific Conferences& International Exhibition and Trade Fair. For the first time ever, an HIV –Sexual Gender Based Violence symposium was held during the scientific conference. The Symposia brought together a broad spectrum of regional stakeholders including politicians, policy makers, health managers, health practitioners, researchers, representatives from civil society and development partners engaged in the overall health issues and HIV and AIDS, Tuberculosis and Sexually Transmitted Infections (STIs).The symposia were used as a platform for sharing evidence, lessons learnt and receiving feedback on the HIV and AIDS response[32]. They were also used as a platform for advocating for increased local financing of the regional HIV response. During the different sessions, ministers and members of parliament from Partner States chaired sessions and committed to lobby their governments to increase funding for HIV and AIDS.

The symposia were also used to launch key strategic documents including: The 2nd EAC HIV and AIDS Multisectoral Strategic plan and implementation Framework (2015 – 2020); Regional comprehensive analysis report on HIV and AIDS Laws, policies and strategies, with a proposed legal and policy reform framework , adopted by the 10th Sectoral Council of Ministers of Health (2014); The EAC Regional HIV and AIDS Response Report 2013: Realizing the HIV and AIDS, TB and STIs Programming; The EAC regional report on Mapping of Health Services along major transport

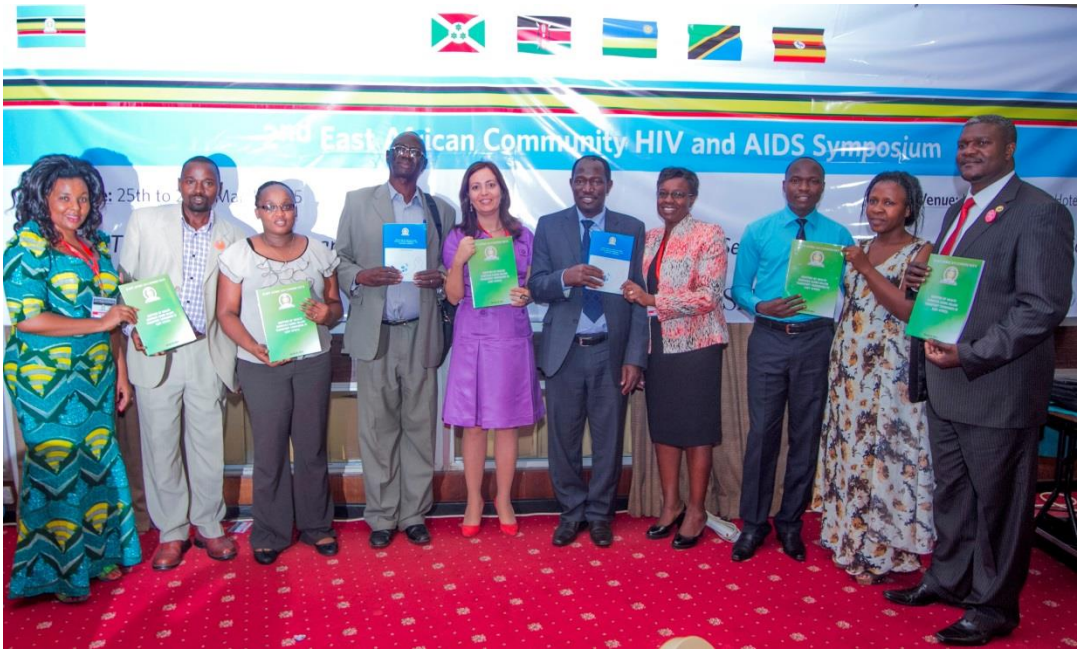
[31]Uganda AIDS Commission (2014) the Uganda National HIV and AIDS Investment Case 2014. Kampala: UAC

[32]EAC (2015) 10th Annual Technical Narrative Report on the implementation of the EAC Realigned HIV and AIDS Strategic plan (2012-2015), 1st July 2014 to 30th June 2015.

corridors in East Africa; and Report on health and HIV andAIDS along the EAC transport corridors: Situation Analysis[33].

Feedback from consultations with stakeholders from Partner States that attended the symposium reveals that the evidence shared by the EAC HAU was useful in informing their programming and advocacy for policy reforms in their Partner States. The respondents recommended that the symposium should be regularly held at least annually to give opportunity for Partner States and other key stakeholders to learn from each other.

Figure 3: EAC HIV and AIDS Symposium



4.3.4 Establishment of a Knowledge Management Platform (KMP)

Establishment of the KMP was among the priority actions intended to contribute to promoting information exchange on the good practices on HIV and AIDS, STIs and TB programming. It was intended to develop a systematic and effective mechanism for Partner States to organize, package and share the accumulated useful information about their programmes. Review of key documents and interviews with stakeholders in all the Partner States reveal that some achievements were made towards realization of the KMP. Notably, the EAC HAU working with Partner States, and other stakeholders such as USAID Kenya / East Africa, International AIDS Vaccine Initiative (IAVI), Knowledge for Health (K4H), conducted several activities that constitute major building blocks to establishing the KMP for HIV and AIDS, TB and STIs functional.

The major milestones include: Establishing of an Expert Working group on Knowledge management; Developing of Terms of Reference for the KMP EWG as directed by the 11th Sectoral Council of Ministers of Health; Finalizing the concept note for establishment of the EAC HIV & AIDS, TB & STI KMP. It was observed that these efforts especially the needs assessment of the EAC Secretariat's and Partner States knowledge management systems will help to establish baseline information

33 For details, See pages 3-5 of the EAC (2015) 10th Annual Technical Narrative Report on the implementation of the EAC Realigned HIV and AIDS Strategic plan (2012-2015), 1st July 2014 to 30th June 2015.

regarding KMP. This assessment will also consolidate and inform the development of the EAC knowledge management Strategy as well as its implementation framework.

4.3.5 Generation of key data and information that has propagated evidence policy formulation and programming in the region.

The EAC conducted a study that established the HIV prevalence, and factors the drive the HIV epidemic among plantation workers and university students in the Republic of Rwanda. This survey was conducted in collaboration with the Lake Victoria Basin Commission (LVBC) and the Republic of Rwanda. Overall, the Sero-behavioral studies provided generalizable evidence on the HIV and AIDs situation among these vulnerable groups that informed programming for priority population in the region.

The HAU in partnership with IOM conducted a one stop border post (OSBP)study[34]. The study was used to inform the regional HIV policy and programming in the four key areas as presented below:

(i) Policy

- Harmonize legislation in the EAC that has implications for health and specifically for HIV/AIDS across the Partner States;
- Recognize the presence of permanent cross-border towns and budget for service delivery;
- Increase the proportion of funds allocated to the health sector in line with the national and regional commitments; and
- Develop mechanisms to ensure access to health insurance within and across the Partner States.

(ii) Programmatic

- Consider and approach health as a basic human right and work with partners in the health sector to ensure efficient and effective health service delivery;
- Generate and agree on a minimum package of health service delivery for cross-border communities; and
- Design and implement interventions that enhance the economic resilience of mobile populations and cross-border communities against HIV/AIDS.

(iii) Research

- Establish an EAC ethical review mechanism to review and guide research that cuts across the Partner States;
- Establish an EAC cross-border research network to undertake regional research on behalf of EAC;
- Assess the factors underlying repeat HIV testing in cross-border towns;
- Map all possible permanent cross-border communities in East Africa with a view to informing EAC policy and programming; and
- Conduct a prospective study on the actual prevalence of HIV in cross-border communities.

(iv)Advocacy

- Utilize available structures, including the Health Ministers Conference, to widely disseminate the results of the study.

Lessons learnt

Notwithstanding delays in getting ethical approvals, it is feasible to conduct regional studies using standardized protocols that generate generalizable regional data.

[34]The East Africa cross border Health Study, 2014.

Overall Challenges/Gaps:

Given the global, regional and national level momentum to scale up the response, there is a growing need for policy makers and programmers to provide various levels of accountability for their activities to the stakeholders. It is therefore important for HAU and Partner States to be able to report accurate, timely and comparable data to regional and national stakeholders. Main challenges articulated by stakeholders during the evaluation process include:

i. There are inadequate structured and regular mechanisms for dissemination and sharing of the key data and information generated by the programme with key stake holders at regional and Partner States levels;
ii. There were gaps linked to lack of harmonization of indicators and methods for tracking and reporting on the indicators. Although the EAC has developed priority actions to bridge these gaps, they are yet to be fully implemented at the regional and Partner States levels;
iii. Despite the merits of the Regional Epidemic report there is no standardized methodology and agreed common indicators that facilitates comparison across Partner States. Notably, key source documents like national sero-behavioural surveys, which inform the report, are not conducted at the same point in time in the different Partner States. This affects meaningful comparison of the data collected from the various Partner States. As one of the Partner States M&E experts noted, "EAC needs to identify and prioritize indicators of importance to the region as the basics or fundamentals of the response. We can add other variables but after making sure that the core indicators for our Strategic plan have been tracked and accurately reported…EAC need to advocate for core minimum of indicators that will be consistently tracked in the entire region and reported on at the same period of time" (KII, Tanzania)
iv. The capacity of M&E units in the various Partner States varies. There is currently no regional comprehensive action plan for building capacity of the M&E units at Partner States and regional level. It was further observed that the EAC HAU and Partner States M&E systems fall short of a well-defined M&E framework covering all the 12 components of M&E system as recommended by UNAIDS and WHO (2010: 1-5)[35].
v. Although some steps have been taken towards implementing the priority action on facilitating the establishment of an EAC HIV and AIDS KMP, this activity that was planned for completion during the Strategic plan period 2012-2015 has not yet been realised.

Priorities

i. Fast track development of a regional KMP to engender wider and more structured dissemination and use of information generated at both the regional and partner States' level.
ii. Develop a comprehensive strategy for enhancing capacity of regional and Partner States M&E systems.
iii. EAC and Partner States should create a realistic mechanism to constructively dialogue and agree on standardized methodology, timeframe and indicators for the HIV and AIDS regional epidemic situational analysis report.

35 WHO recommended M&E systems for tracking Health programmes: the 12 components

4.4. Strengthen regional responses to mitigate the effects of vulnerabilities related to HIV/AIDS that result from internal and cross-border population mobility, through harmonized responses and interventions by various multisectoral stakeholders

4.4.1 Structures and systems for coordination of HIV Response along the transport Corridor

Over the years of implementation, there has been increasing concern for the HIV programming in the region. The EAC HAU working with Partner States, CSOs and implementing partners' experts created the EAC Regional Task Force (RTF) to provide leadership and guide the integrated Health and HIV and AIDS Programming along major transport corridors in East Africa. The regional task force TORS were developed, reviewed, considered by the 15th TWG on HIV and AIDS, TB and STIs and approved by the 19th Sectoral Committee on health that sat in Arusha in March 2015, to form the Expert Working Group on integrated Health and HIV and AIDS Programming along transport corridor. The Task Force meets regularly and directs the regional transport corridor response to improve availability and access to comprehensive health services in the transport corridors and cross border areas. The Task Force which has representation from Partner States, development partners and regional partners and civil society, has enabled broader focus on issues affecting key and vulnerable populations along the EAC transport corridor.

The Task Force has been able to identify gaps in programming for key and vulnerable populations in the EAC region especially along the border areas where Partner States programmes have not sufficiently targeted these populations. Under the Task Force guidance, the EAC secretariat and Partner States worked with USAID-East Africa in conducting a cross-border study to provide a regional perspective on the HIV disease burden at cross border communities in the East Africa region; the study also documented the gaps in health and HIV and AIDS services. The results of the study have since been used to design a regional programme to address these gaps. The USAID East Africa, through FHI 360 and country missions, committed 12USD million to support Health and HIV programming along the transport corridor for five years. The CBHIPP project is being implemented through civil society organizations. The project commenced in 2015 with initial 4USD million disbursed to FHI 360 Nairobi to implement the CBHIPP project over two years. This initial two year pilot phase in ten selected border sites in the region is in its second year of implementation. The lessons learnt from it will be used as advocacy for Partner States buy in and to inform the roll out of the project to other cross border sites in the EAC region.

4.4.2 Strategic direction by EAC on harmonization of health and HIV services for MARPs

In collaboration with the EAC Partner States, FHI 360, IOM and North Star Alliance, the transport Corridor Task Force developed the EAC Regional Strategy for Scaling up Integrated Health and HIV and AIDS Programming along the Transport Corridors in East Africa and the Minimum Package of Health and HIV and AIDS Services for Key and Vulnerable Populations along the transport corridor in East Africa. The strategy was developed in response to the persistent duplication of services in some specific sites with gaps in others due to inadequate coordination; insufficient access to quality health services for both migrants and host populations; and the absence of a harmonized package of services for mobile, key and vulnerable populations along the transport corridors among others. The strategy seeks to establish and sustain access to innovative and tailored health and HIV care services along the EAC transport corridors through a well-coordinated and friendly health service system.

In the EAC region, key populations have been defined to include sex workers, men who have sex with men (MSM), people who inject drugs, prisoners, migrant workers (e.g. long distance truck drivers, fisher-folk and mobile professionals),with higher HIV-related risks and vulnerability compared to that of the general population. There is however some variations; like for Uganda key populations include uniformed service men and People with disability (PWD).

The strategy focuses on five objectives outlined below:
Objective 1: Sustained provision of quality health services, coordination, partnership, financing and strategic information management along the transport corridors;
Objective 2: Strengthened enabling environment to deliver health and HIV care services along EAC the transport corridors;
Objective 3: Improved coordination and capacity among stakeholders involved in prevention, care, support and treatment along transport corridors;
Objective 4: Increased funding to support the Health and HIV programming, implementation and services delivery along transport corridor; and
Objective 5: Enhanced generation and use of strategic information and evidence building for decision making and quality improvement.

4.4.3 Mapping of Health and HIV and AIDS and other services along the transport corridors

In 2013, the EAC HAU undertook a scoping mission to the EAC Partner States transport corridor and border areas to document the infrastructure and services available for key and mobile populations along the transport corridor. The mission found limited provision of health and HIV services along the transport corridor and recommended EAC to design standard architectural design for a standard wellness center. , Although the EAC developed the design, no further activities were undertaken to construct the structures. In 2014, the EAC undertook mapping of health services study along transport corridors[36]. The mapping reports and the Visual map have been shared with the EAC Partner States and are being used to inform programming and advocate for improving access and quality of services in the transport corridors. [37]

4.4.4 The Minimum Package of Health, HIV and AIDS and other services for Key and Vulnerable populations

The EAC HAU in collaboration with FHI 360, NSA, IOM and experts from Partner States under the guidance of the EAC Regional Task Force on transport corridor programming have developed a Minimum Package on Health, HIV and AIDS and other services for Key and Vulnerable populations along the corridors in the East Africa. The minimum package:

- Provides guidance on minimum service provision requirements and improve access to quality health services;
- Ensures that health facilities along the transport corridors and cross-border areas are able to provide sufficient quality services; and
- Facilitates a more coordinated and hence sustainable provision of services

The minimum package of health care will ultimately contribute to improved access to quality services for the underserved population along the transport corridors in East Africa.

4.4.5 Other areas of achievement include;

- The EAC has also conducted Sero-behavioural studies among plantation workers and university students in the Republic of Rwanda, in collaboration with the Lake Victoria Basin Commission (LVBC). The outcomes of these studies have been adopted for implementation in the national Strategic plan ; and

[36]East African Community (2014) 10th Annual Narrative Report on the implementation of the EAC Realigned HIV and AIDS Strategic plan (2012-2015) 1st July 2014 to 30th June 2015.
[37]East African Community (2014) 9th Annual Narrative Report on the implementation of the EAC Realigned HIV and AIDS Strategic plan (2012-2014) 1st July 2013 to 30 June 2014

- Wet corridor Health and HIV and AIDS implementing and accountability framework was developed to guide the implementation of services along the wet corridor
- EAC Waterways Health, HIV and AIDS Programming and Accountability Framework

Challenges

i. Lack of standard methods to estimate the sizes and profiles of key populations and lack of accurate estimate of the sizes and profiles of the key population in the region;
ii. Poor coordination of different partners implementing health and HIV services for key populations in the region;
iii.
iv. Concept note on 'Big City Initiative" to address common challenges posed by a relatively higher HIV prevalence has not been initiated; and the size estimation study has not been implemented due to inadequate preparation, resources and lack of the technical capacity. Further, all partner states are coordinating similar studies at national level The current key population HIV programming is focused on mainly the inland transport corridor and water ways leaving out the open sea corridor along the Dar el Salam, Zanzibar, Pemba, Mombasa, Lamu cost line which is mainly affected by the concentrated epidemic. The lack of focus on this route possess a threat of the concentrated epidemic at one time becoming a mixed generalized and concentrated epidemic.
v. All programmes targeting vulnerable and key population have always targeted the freshwater bodies and the road transport sector.

Priorities

i. Referral systems, quality assurance services and resource mobilization strategy to implement the minimum package;
ii. Develop minimum standards and methodologies for conducting size estimates and profile studies for key population;
iii. Form a task force to fast track and oversee the EAC initiative to link municipalities in the region so as to strengthen their HIV and AIDS response; and
iv. EAC should mobilize resources to develop HIV programmes for key populations along the open sea east coast line.

4.5. Financial Analysis

In a bid to reflect on the costs effectiveness in relation to the achievements of the programme, the team engaged stakeholders in discussions about their perceptions of the expenditure in relation to what the programme achieved over the implementation period. The team also reviewed the budgets and audit reports to get an opinion on the costs and benefits of the programme. A financial analysis expert reviewed the budgets and audit reports and compared this with achievements reported in the semi/annual narrative reports. The team then compared these with the overall achievements as articulated by stakeholders on the various objectives of the programme.

4.5.1 Reflections on cost effectiveness of the programme:

. The results from the evaluation show that objectives and priority actions in operational plans are relevant to the mission and overall; the funds were used to implement most of the planned activities. The activities too were generally relevant to the objectives of the plan. As shown in the report several achievements were registered for all the strategic objectives that were operationalized through the annual operational plans.

After the period of 2008-2011, the plan was realigned and the pace of implementation of operational plans increased and this contributed positively to cost effectiveness. The established technical backstopping structures such as the TWGs and EWGs contributed to improvement of the quality of programme outputs and deliverables. Stakeholders who worked with the EAC clearly indicate that there has been improvement in the pace and quality of deliverables from the EAC.

A review of the audit reports, narrative reports and budgets availed indicate that the project was generally cost effective particularly in the period starting 2012 to 2015. This time coincides with the period when most of the key technical and administrative support staff had been recruited and the HAU operational structures had been streamlined. Similarly, a review of audit reports and interviews show that there were improvement in the management of the programme as reflected in the recommendation from the audits subsequently done since the start of the programme in 2008. Some of the improvements included: improvement in the management of imprest, recruitment of staff was effectively done and asset management.

Analysis of the budget against expenditure shows a variance of over 40% of the project implementation budget. The period 2008 to 2010 can be seen a period of preparation, fewer activities were implemented compared to what had been planned. During this period, there was a large variance between the budget and expenditure which affected the cost effectiveness of the programme.

Challenges/gaps:

i. Delays in conducting external financial audit during the programme formative years of implementation have also contributed to delays in disbursement of funds by Sida. Much time was taken during the process of programme realignment affecting implementation of the scheduled and approved activities of the Strategic plan. Furthermore a delay in recruitment of experts in the relevant fields like M&E also affected performance of the programme in respect of implementing the M&E related priority actions in the operational plans.
ii. There were also challenges in the management of budget and control of expenditure: several expenses were captured out of the implementation period; wrong expenditure classification; spending out of period; and inconsistencies such as not claiming tax refunds.
iii. Administrative challenges affecting cost effectiveness have also been cited in the narrative and audit reports: Delays in approval of the work plan and financial budgets especially for the financial years 2011and 2012 by both the Donor and EAC bureaucracy in the finance department. This stringent and lengthy approval processes led to low utilization of funds resulting in postponement of some of the scheduled activities leading to a backlog on activities. This explains why quite a number of

activities for the implementation period 2008-2012 were pushed to the realigned Strategic plan (2012-2014/15).

iv. Other challenges that affected cost effectiveness include: Weaknesses in internal controls that might constitute deficiencies and ultimately reduce on the cost effectiveness of the programme; Delay in remittance of funds; Imprest management challenges; payment processes and tax claims; budget monitoring system; compliance; asset management; budget vs. actual performance; cash & bank management; delays in accountability and funds absorption capacity. The table below highlights the deficiencies in the internal control which have potential to affect overall cost effectiveness of the programme.

Table 1: Issues drawn from audit reports and narrative reports affecting cost effectiveness

Issues	Implications	Effect/Value
Delay in remittance of funds	Late financing or remittance of project funds leads to risk of delays or failure to meet project deadlines as evidenced in year 1.	Delays in time line and work plan resulting in failure to realise project targets
Imprest management	Delays in accounting for funds advanced to staff reflects inefficiency in use of project funds and weakness by administration to follow up on project timelines	Personal use or failure to put funds where applicable. (June 2010 Annex 2 a.), and an 82% failure rate.
HR management	Delays in staff recruitment and means of recruitment	Funds for staff recruitment where provided for in year 1, but a reflection of days in recruitment of staff and incomplete staff records available indicate redundancy in funds application and weakness in management controls on value for money
Payment processes and tax claims.	Delays in payments for activities and processing or passing expenditure	This questions the validity of expenses claimed. It is further evidenced by the delays or failure to claim for tax against services received for or against on behalf of the organization.
Compliance	Project implementation does not follow recommended deadlines	Failure to meet deadlines means that value is not placed where due, i.e. expenses and cut off procedures are not adhered to.
Asset Management	Procurement process and asset management issues	These imply that process is not fully adhered to leading to misuse of funds.
Budget vs. Actual performance	There is a big discrepancy between budget and actual	Means that the budget implementation does match actual which implies that value for money is not achieved or there was over budgeting for

		activities.
Cash & Bank Management	Payments by cash or through the bank	Specific project expenses must be paid through the project account. Failure indicates that funds are not put to value.
Delays in accountability	Management should ensure that funds disbursed for different activities are accounted for in the specified period and time line	Failure to account for projects on time means no placement of value for money as and when required.

4.5.2 Budget vs. Actual performance

Table 2: Budget vs. Actual performance

Period	Funds available (bal + disbursement)	Period Funds utilization	Period Funds balance	%age utilization (Variance)	Comments / Observations.
2008 – 2010	2,302,600	1,343,025	959,635	58	Delays in disbursement leading; - Underutilization of funds. - Late recruitment of staff - Rushed decisions & late accountabilities. High surplus of funds will lead to high administrative costs & monitoring expenses that may not be on budgets
2010 – 2011	959,635	619,523	305,110	65	Used balance funds on cycle year 1. - Affects implementation time line to the 2nd phase. - Period also faces challenges in the administration issues, management and budget and controls, classification of expenditure, inconsistencies in policy and statutory payments & tax claims.
2011 – 2012	1,232,856	753,856	496,743	62	Period had; - Long delays on tax refunds/claims leads to tying up of project funds that would be used to implement project activities. - Budget for establishment of EAC HIV & AIDS unit over spent. Underutilization of funds; period expenditure review reflects a consumption rate of 62%
2012 – 2013	496,743	353,676	135,062	71	- No disbursements made for the period under review.

					- Carried forward balance too large indicating underutilization or over budgeting from previous period, though utilization improved.
2013 – 2014	1,015,792	735,862	279,930	72	Period reflects improvement in funds utilization. Indication that most of the programme activities are up and running, though utilization is still low as indicated by funds balances carried forward.
2014 – 2015	1,166,178	640,607	525,571	55	Large period balances carried over at end of implementation periods indicates clear underutilization of finds or over budgeting.

Overall, the programme was largely cost effective especially for the implementation period starting 2012-2015. This because the staff for the HAU had been largely constituted and trained to match the programme expected outcomes. It is also because lessons had been learned from the implementation of the first phase that informed planning and implementation of strategic activities. Most of the structures for functionality of the unit had also been established. This helped to reduce the variance between the budget and expenditure and improved on the absorptive capacity of the programme. The realignment of the plan also facilitated improvement in the relevance of the objectives and priority actions as effectiveness of strategies for implementation of the priority actions.

This notwithstanding, there are still areas highlighted particularly in the audit reports that need to be addressed to improve the cost effectiveness of the project. These include delays in disbursement of funds, delays in accountability and review and approval of work plans. The period 2008-2012 was characterized by a long inception phase with almost only one staff coordinating the HAU activities. Therefore most of the activities carried out during this period were aimed at setting up the relevant structures and systems. Consequently, most of the priority actions particularly for the period between2008-2012 were not adequately implemented and were redefined and included in the realigned Strategic plan for the period 2012-2015.

5. CONCLUSIONS AND RECOMMENDATIONS

Overall, the first phase of the programme (2008-2012) scored positively in terms of laying the foundation, establishing key structures for operationalization of the unit, recruitment of key personnel and setting up coordination mechanisms like HIV TWG, M&E subgroup and transport corridor Task Force. In 2012, the programme was realigned; a number of priority actions that were not implemented in the plan period of 2008-2012 were reviewed, redefined and included in the realigned Strategic plan 2012-2015. For most of the activities, the conceptualizing and planning had been initiated in the implementation period 2008-2012 but were refocused and elevated to match the emerging new evidence for HIV and AIDS, TB and STI for implementation in the next phase (2012-2015).

During the second implementation period (2012-2015), several achievements were registered as clearly articulated in the key findings including: setting up and operationalization of the HIV subgroup of the Health TWGs, Expert working group on knowledge management, and EWG on health and HIV along the transport corridor as well as the EWG on sustainable financing for health and HIV and AIDS. In addition, the EAC HIV and AIDS prevention and management Act 2012, was enacted and assented to

by all Heads of State of the EAC Partner States. The Act and the comprehensive analysis report of laws and policies on health and HIV 2014, provided impetus in the region for reviewing, amending and aligning existing laws and policies towards addressing discrimination and stigmatization of key and priority populations. This was further augmented by the dissemination of the comprehensive analysis of laws and policies report that culminated into each Partner State developing action plans to address gaps identified by the report.

Similarly the EAC conducted several studies that have been used to inform Health and HIV programming in the region. Key among these include:

- Mapping of health services along major transport corridors in East Africa report March 2015;
- East African Community Regional HIV and AIDS Response Report (Epidemic Report)2013;
- A comprehensive analysis of the HIV & AIDS legislation, bills, policies and strategies in the East African Community August 2014;
- Health and HIV and AIDS along East African Community (EAC) transport corridors: A Situation analysis. July 2014; Policy Note
- Availability, access and gaps in Health and HIV and AIDS Services among key and vulnerable Populations along East African Community (EAC) Transport Corridors July 2014; Policy Note
- A situational analysis report on Sustainable Financing Analysis for Universal HIV and Health Coverage for the East Africa Community was written after a wide consultation;
- HIV sero-behavioural studies among university students and plantation workers in the Republic of Rwanda, Uganda, Kenya and United Republic of Tanzania; and
- Rapid Assessment of Access to Health Care at Selected One Stop Border Posts (OSBP) in East Africa 2013 (done in partnership with IOM).

The EAC registered several achievements in regard to Health and HIV programming for key and priority populations along the transport corridor. A regional strategy and minimum package for Health and HIV services for key and vulnerable populations were developed. Working with Partners EAC secured a 12 million dollar grant (CBHIPP) to enhance Health and HIV services delivery along the Cross borders areas in the region which has started implementation of initial activities in cross border sites.

A number of lessons were learnt including:

- Working through technical working groups is critical in providing technical backstopping and cross learning among Partner States experts. This promotes ownership and sustainability of programme;
- Difference in epidemic type and variable resources in some partners states, determines capacity to adopt and harmonize treatment protocols and guidelines across Partner States;
- Positioning of the HAU under the health department may affect the unit's capacity to provide leadership for the mainstream HIV and respond to non-biomedical (structural and social) drivers of HIV in the region;
- Limited M&E capacity in the region affects the generation and use of evidence to inform programming in the region;
- Despite the reducing external funding for the HIV response, there is variable and low commitment to financing of HIV response among Partners States; and
- Existing accountability frameworks (e.g. Partners' Forum and Joint Steering Committee) have not effectively held different regional implementing partners accountable.

Overarching recommendations:

i. In a bid to strengthen the regional response, cope with human resources capacity gaps and promote ownership, the EAC should continue working through TWGs and EWGs;
ii. The EAC should review the ToRs for the Sectoral committee on Health to include representatives from National AIDS Councils;
iii. As the EAC moves towards integration of HIV into health, it should consider reviewing the pros and cons of positioning HAU under the department of Health vis-a-viz its function to coordinate, and mainstream HIV across EAC sectors, institutions and organs, and particularly to address the non-biomedical (structural and social) drivers of HIV epidemic;
iv. The EAC should fast track the existing efforts to address M&E capacity gaps. Emphasis should be placed on reviewing the regional M&E and knowledge management capacity, developing a regional M&E strategy and establishing the KMP;
v. The EAC should fast track the development of a regional health and HIV sustainable financing strategy; and
vi. The EAC should review the existing accountability framework for regional partners to develop concrete recommendations to strengthen mechanisms for holding partners accountable.

Annex 1: List of personnel interviewed (Key Informants)

We acknowledge the support provided by the following EAC and Partner State staff in availing the data and documentation required for the assessment, and participating in the interview process to provide their perspectives and insights.

Zanzibar	
Dr. Mohammed Dahoma	Director – Preventive Service, Ministry of Health
Ali Kimwaga	Social Planner and M and E Specialist, Zanzibar AIDS Commission
Salma SoudNassib	
Dr. Ali Salim Ali	Executive Director, Zanzibar AIDS Commission
Dr. Ahmed M. Khatib	Program Manager, Zanzibar AIDS Control Program, MOH, Zanzibar
Ms. Khadija KhamisShaaban	External Aid Coordinator & HIV and AIDS Focal Person Ministry of Health – Planning, Policy and Research Directorate
Tanzania Mainland	
NeemaMakyao	Key Population Coordinator, National AIDS Control Programme
Dr. Robert Josiah	Deputy Programme Manager, Ministry of Health, National AIDS Control Programme
Dickson S. Peter	Economist, Tanzania Commission for AIDS
RenatusKihongo	Head of Special Programs, Tanzania Commission for AID
Republic of Uganda	
Busobozi Denis	Monitoring and Evaluation Officer Uganda AIDS Commission
Dr. ShabanMugerwa	Senior Medical Officer Ministry of Health
BharamNamanya	Executive Director, Community Health Alliance, Uganda
Republic of Burundi	
NkunzimanaAthanase	M& E Specialist, National Program on Fight Against AIDS
Suzanne Nsabimana	National Coordinator, SWAA-BURUNDI
Richard Manirakiza	Deputy Director, National Program on Fight Against AIDS
AimeNkunzimana	Technical Advisor, Ministry to the office of the President responsible for EAC Affairs
Ndikumasabo J. Berchmans	Advisor in the Cabinet, Ministry of Public Health and Fight against AIDS
Republic of Rwanda	
AimableMbituyumuremyi	Director of OBBI Unit/ HIV Division Rwanda Biometrical Centre
Dr. Migambi Patrick	HIV Division, Rwanda Biometrical Centre
Kirabo Jonathan	
Rusimbi John	Programme Officer, Rwanda NGOs Forum
Niyitegeka J. Pierre	Director, SPLU, Ministry of EAC Affairs
Republic of Kenya	
MwangiKahenu	Senior Assistant Director, Ministry of Labour and East African Community
Ronald Inyangala	Assistant Director, Ministry of Labour and East African Community
Mercy Irene Kimani	International Programmes, Ministry of Health
Jacqueline Wambui Mwangi	Programme Officer, Network of People Living with AIDS in Kenya
John Kamigwi	Deputy Director, Policy, Strategy and Communication, National Aids Control Council
Helgar Musyoki	Program Manager, Key Populations, National AIDS and STIs Control Programme

Annex 2: Key Documents provided

We have outlined below the documents reviewed

EAC level

1. EAC (2000); Treaty for the Establishment of the East African Community. Arusha 2000
2. EAC Health Strategic plan
3. EAC HIV-AIDS Strategic plan 2008-2012
4. The Realigned EAC HIV and AIDS, Multi-Sectoral Strategic plan (2012-2015)
5. EAC HIV and AIDS Narrative Technical Reports 2009-2015
6. EAC HIV and AIDS Programme Semi-Annual Reports 2009-2015
7. Transport corridor evaluation reports
8. Annual operational reports
9. Reports for meetings of EAC Health TWG 2008-2015
10. Reports for meetings of EAC HIV M&E TWG 2010-2015
11. Reports for meetings of EAC HIV Transport corridor Task force 2010-2015
12. Reports for EAC HIV Scientific symposium for 2012 in Rwanda and for 2015 in Uganda
13. Reports for EAC HIV knowledge management platform expert working group(EWG) 2015
14. East African Community Sectoral council of Partner States Ministers of Health reports 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, and 11th
15. The EAC HIV and AIDS prevention and management Act 2012
16. The EAC regional strategy for scaling up integrated, health and hiv programming along the transport corridors in the east african community region
17. The Situation analysis report for on Health and HIV and AIDS along the transport Corridors in East Africa
18. The Minimum package of health services for mobile, key and … populations, along the transport corridors in East Africa, and
19. The Report on mapping of health and HIV and AIDS Services along the corridors in East Africa
20. Mapping of Health Services along major Transport Corridors in East Africa report March 2015
21. East African community Regional HIV AND AIDS Response Report 2013
22. A comprehensive analysis of the HIV & AIDS Legislation, bills, policies and strategies In the East African Community august 2014
23. Health and HIV and AIDS along East African Community (EAC) Transport Corridors: A Situation Analysis. A POLICY BRIEF July 2014
24. Availability, Access and Gaps in Health and HIV and AIDS Services among Key and Vulnerable Populations along East African Community (EAC) Transport Corridors Policy Brief July 2014
25. EAC Regional HIV AND AIDS partners' Forum meeting reports for 2009 up to 2015
26. EAC HIV and AIDS Workplace Policy 2008 revised 2015.
27. EAC Strategic plan for Gender, Youth, Children, Persons with disability, Social Protection and Community Development (2012-2016)
28. A Response Analysis of HIV along the Ugandan Transport Corridors – An IOM Report. July 2009 http://www.iom.int/jahia/webdav/shared/shared/mainsite/activities/health/hiv-population/Response-Analysis-Report-2009.pdf
29. Documentation of Experiences in Implementing a Community Capacity Building Project: The Case of Community Organizing Cluster Model in Rwanda, Kenya and Uganda May 2014
30. East African Community Inception Meeting: Cross-Border Health Integrated Partnership Project (CB-HIPP). Nairobi, Kenya OCTOBER 22-24, 2014

Partner States level

1. Partner States National HIV and TB Strategic plan s (Burundi, Kenya, Rwanda Uganda, united Republic of Tanzania and Zanzibar)
2. Partner States National midterm review reports
3. National strategy on HIV AND AIDS & STI programming along transport corridors IN KENYA
4. Program reports for partners like North Star Alliance, FHI 360, International Organization for Migration and International Labour Organization
5. The Uganda National HIV and AIDS prevention and control Act 2014

4.5.1. Annex 3: Semi Structured Questionnaire for the Key Actors

Introduction

The East African Community Secretariat has been implementing a regional HIV and AIDS Programme since 2008. The EAC Multi-Sectoral HIV and AID Strategic plan and implementation framework 2008-2012 was realigned in 2012 to accommodate the High Level Meeting targets and the priorities of the EAC 4TH Development Strategic plan (2012-2016).

PURPOSE

The purpose of the evaluation is to review and assess the performance and results under this programme, identify weaknesses and challenges and propose means of strengthening the programme moving forward. An evaluation report to support the East African Community will be prepared no later than 30th March 2016.

OBJECTIVE OF THE GUIDE

This guide seeks to obtain your inputs on the performance of the EAC HIV and AIDS Strategic plan (2008-2015) and your suggestions on what impact it has had at national and regional levels.

CONSENT STATEMENT

Moderator: My name is _____. Thank you again for your willingness to be a part of this discussion. I am looking forward to hearing your thoughts on the questions I will ask you that will help us better understand the performance of the EAC HIV and AIDS Strategic plan (2008-2015) and your suggestions on what *impact it has had at national and regional levels.* Your responses will help identify barriers and opportunities that will inform the designing and implementing of the next phase of the EAC regional HIV and AIDS, TB and STI programme. Do you voluntarily consent to participate in this interview?

Verbal consent given (tick what applies) _____ YES / NO
Do you have any questions? _____ YES / NO

Profile of Key Informant

Country of respondent_____, Name of respondent_____, Designation_____

(Please tick as appropriate)											
	EAC Partner State Expert		Development Partner		Implementing Partner		EAC Secretariat		Regional CSO/NGO/ PLWD		Other (Specify)

Theme 1: Scaling up accessibility, affordability and availability of HIV & AIDS Prevention, Care, Treatment and Support Services;	
Issues for investigation	**Response** ***(Give reasons, suggestions & source of evidence to support your answer)***
1. What is the country's HIV epidemic like? o *Probe for trend in HIV incidence and Prevalence and deaths over the study duration since 2008*	

2. How has country responded to the HIV epidemic in last eight years o Probe the country's changes in response between 2008-2012 and 2012-2015(scaling up ART, PMTCT, SMC, HCT …)	
3. How has the EAC regional HIV response influenced the country's HIV response (Policy and programming) in terms of availability accessibility, and affordability of HIV & AIDS Prevention, Care, Treatment and Support Services? o *Probe for use of evidence, protocols, policies and guidelines* *Ask for support documents like AIS, health demographic surveys, IBBS study reports, NSP evaluations, country progress reports*	
4. How has the EAC regional HIV response influenced the country's HIV response (Policy and programming) in terms of availability accessibility, and affordability of HIV Prevention(PMTCT, HCT, ART, SMC, Condoms IEC/BCC programming, behavioural indicators)	
5. How has the EAC regional HIV response influenced the country's HIV response (Policy and programming) in terms of availability accessibility, and affordability of HIV and AIDS care and treatment and social support (ART, commodities, medicines supply, palliative care…)	
6. How has the EAC regional HIV response influenced the country's HIV response (Policy and programming) in terms of System strengthening indicators like medicines, human resources, laboratory coverage	
7. Does the country have any challenges with cross referral of patients within the EAC partner states (especially along border areas or migration populations)? If yes what challenges does the country have?	
8. If yes how has the country responded to the challenges?	
9. Over past eight years EAC have been holding meetings to try harmonize HIV guidelines and treatment protocols within the EAC partner States to ensure uniform management of patients who may seek treatment from more than one state. Have you participated in or heard of these dialogue meetings organized by EAC?	
10. What challenges or lessons learnt did the region or partner states encounter during the process of harmonization? *Probe whether this can be feasible in future and how it can best be done? e.g. pursue this harmonization further or just concentrate minimum standards or package of care* 11. Do you think the harmonization or its process has assisted partner states to streamline management of such patients (*Stream line in terms of being knowledgeable and aware of any differences or similarities in treatment protocol, issues-benefits of regional bulky procurements of medicines, and avoiding over stocking of certain commodities that can be used in other countries-cross borrowing)*	
Issues for investigation	**Response** ***(Give reasons, suggestions & source of evidence to support your answer)***
Theme2: Scaling up leadership involvement, commitment and ownership for sustainability of the HIV and AIDS response in the 5 EAC countries	
1. How are laws and acts and policies in the country affecting the HIV and AIDS response in the country	
2. What steps is the country taking to improve or maintain a favourable legal environment to promote human rights and the HIV and AIDS response? (Probe if the country has a human rights versus public health response)	
3. EAC has conducted a study to review Partners States HIV related laws, Acts policies and guidelines. The process involved several meetings with Partner states experts. How did this process influence the legal environment in your country? 4. Have the issues that were raised in the review report been addressed by your	

country?	
5. If yes, how were issues raised in the EAC laws, Acts, policy review report addressed?	
(*Refer to the EAC HIV and AIDS laws, Acts and Policy evaluation in the Partner states).* 6. If no why haven't the issues been addressed? And how does the country plan to address the issues Qn 5 above?	
7. Specifically, does the country have an HIV and AIDS work place policy?	
8. If yes to what extent has the work place policy been implemented in the public service? (Which structures exist, in government ministries, departments, entities and sectors, and private sector and NGO work places? ***Probe Level of stigma and discrimination (formal and informal stigma e.g. in the forces*** *(Refer to the EAC HIV and AIDS laws, Acts and Policy evaluation in the Partner states).* ***Probe for any areas of convergence and divergence between the EAC and the countries workplace policy***	
9. EAC embarked on a process to harmonize HIV response in the education system in EAC. Are you aware of the steps adopted by your country? If yes did these process help enhance the response in education institutions in your country	
10. Currently your country was committed to the ESA commitments of improving HIV response in children and adolescents. What is the country's progress towards achieving the ESA commitments 11. Who are the regional partners the country working with to achieve the EAS commitments?	
12. Do you think this is an area EAC can assist Partner States to influence the leadership support in the implementation of the ESA commitments?	
13. If yes how would want EAC to your country implement the EAS commitments?	
14. Does your country have a Leadership advocacy strategy (is it developed, disseminated and available for reference? If not why not available and what plans does the country have to develop a leadership advocacy plan?	
15. If available how has the LAS been utilized by the country?	
16. How has the country's HIV response team involved the leaders (political, opinion, cultural and religious) (champions, public HIV testing…)	
17. EAC holds regular M&E TWG, KMP EWG meetings. Do you think these meeting are relevant to inform your country's HIV response?	
18. Can you state any recommendations based on your answer in Qn17 above? *(Probe for any improvements needed to serve better or continue servicing the country's interest)*	
19. EAC holds regular EAC Health TWG and council of ministers meetings preceding summit, do you think these meeting are relevant to inform your country's HIV response?	
20. If yes why do you think so? (*Probe if the leadership take the resolutions seriously*)	
21. If no why do you think so and how can this be improved/changed to serve your country's interests?	
Sustainable financing 22. How is the HIV response funded in your country? *Probe for government/local and donor contributions*	

23. What are the country's resource needs and gaps in HIV funding?	
24. What efforts are being taken to address the gaps? *(**Probe for** diversifying donors, increase local financing, minimizing efficiency losses...)*	
25. How can you rate your country's leadership commitment to sustainable local financing of the HIV response?	
26. What local financing mechanisms are in place or discussions in process and to what level are these discussions? *(**Probe:** AIDS trust fund, insurance schemes for HIV patients, minimize efficiency losses – personnel policy like pay for a services, partner rationalization, having treatment unit cost)*	
27. What lessons have been learnt during the process in trying to address sustainable financing of the HIV programme?	
28. What challenges have been encountered during the process of addressing sustainable financing of the HIV programme?	
29. EAC embarked on harmonization of HIV financing in the region with emphasis on lobbying countries to increase local financing. Has your country participated in these discussions?	
30. Do you think this is a worthwhile task for EAC to focus?	
31. What expectations do you from this committee and how best do you want it to function in order to address issues of your country's interest? *Probe: advocate for leadership support, lobby drug suppliers for bulky procurement, do financing studies to inform policy..*	
Issues for investigation	**Response** ***(Give reasons, suggestions & source of evidence to support your answer)***
Theme 3: Improving the design, management, and sustainability of HIV national and regional responses;	
EAC has conducted and authored several studies and guiding documents in the area of HIV and AIDS including studies along the transport corridor, surveys among mobile and vulnerable populations in collaboration with regional and international partners and the EAC Partner States experts. Have you had access to these study reports? If you don't mind could you tell me how evidence from these studies, guidelines, and protocols have informed HIV policy and programming in your country? *Probe for each of the studies, policies and protocols below;*	
32. The EAC HIV and AIDS prevention and management ACT	
33. Studies along the transport corridor (resulting programs like CBHIPP, North STAR, Refugee by IOM, should be benefits probed for under here)	
34. Gap analysis on the Efficiency of national monitoring and evaluation systems	
35. Annual HIV epidemic reports for the EAC region	
36. Studies in fishing communities around lake Victoria by LVBC	
37. How is knowledge generated in the country managed? (policies, SOPs, systems and structures guiding storage, easy of assess, and disposal of information)	
38. What is your country's capacity to manage knowledge Existence of a knowledge documentation and information platform, systems and structures)	
39. The existence of the one M&E system to track, capture and manage information(data base location, system linkage for both biomedical and behavioural indicators)	
40. What are the existing mechanisms for knowledge management in the partner states? What are the strength and gaps in the current knowledge management systems and structures at partner state level? 41. The EAC embarked on a process to improve the regional capacity to manage Health and HIV and AIDS knowledge in the region. An EWG has been established to oversee the implementation of the KMP. How can the EAC KMP help your country better manage local Health and HIV and AIDS knowledge? **Probe for**: What specific gaps or priorities would you think EAC should focus on to	

improve knowledge management in your country?	
Issues for investigation	**Response** ***(Give reasons, suggestions & source of evidence to support your answer)***
Theme 4: Coordinating and strengthening implementation of regional responses for mobile and key populations in the EAC region	
42. What polices, guidelines and standards are in place to improve / facilitate coordination of the HIV response among MARPs	
43. How have these policies guidelines and standards been used to coordinate the HIV response among MARPs(across partners, in government and Civil society)	
44. What key population programmes are ongoing or have been in the country and how is government and civil society involved?	
45. EAC in collaboration with regional CSOs have mobilized resources to support implementation of regional key populations programmes. Do you know of any such programs in your country? If yes which ones and state if they are ongoing?	
46. The EAC in collaboration with partners developed regional programming framework and minimum health and HIV and AIDS service package for key populations along transport corridor. Do you think these guiding documents are relevant to your country's response? Please why the documents are or are not relevant to your country?	
47. Do you think EAC has done/ is doing sufficient mobilization of leaders to strengthen key population response in the country? Why do you think so Probe what needs to be done	
48. Do you think EAC has done/ is doing sufficient mobilization of leaders to strengthen key population response in the country? Why do you think so Probe what needs to be done	
49. EAC has conducted several studies across the border areas, in fishing communities and along the transport corridor, how have these studies informed key population programming in your country?	
50. EAC has been engaging leaders in regard to human rights approach in HIV response. Do you think this has influenced recent leadership attitude and legislation to towards provision of Health and HIV services among key populations?	
At EAC level	
51. What is your say on the availability, relevancy and utility of the guidelines, standards for coordinating and implementing the regional intervention programs for mobile and key populations?	
52. How are key populations and partners involved in KP work engaged at national level?	
53. From your answer above, what do you think needs to be done to improve or sustain engagement?	
54. Sustainability of regional key population programmes (challenges lessons learnt in instituting sustainability mechanisms in place	

Thank you

Annex 4: EAC HIV and AIDS Multisectoral Strategic Implementation Plan 2012-2014: Status Implementation Matrix

Strategic Intervention	Activities	Implementation status	Next steps
Strategic Objective1: To scale up national and regional leadership involvement, commitment and ownership for sustainability of the HIV and AIDS response.			
1.1 Support and advocate for the adoption of rights based HIV & AIDS policy and legal reforms within the region	1.1.1 Conduct a rights based gap analysis on EAC Partner States HIV and AIDS policies, laws, and procedural guidelines	The right based gap analysis was conducted in preparation for operationalization of the EAC HIV and AIDS Prevention and management Act 2012. The comprehensive analysis of report of EAC Partner States HIV and AIDS Laws, policies and strategies clearly articulates the legal and policy gaps and barriers to delivery of comprehensive HIV responses at the national and regional level. The report was validated by in country and regional joint meetings and a plan of action was developed for EAC secretariat and each of the five partner states. The report was adopted by the 10th Sectoral Council for Health and approved during 30th Council of Ministers in November 2014 and launched in March 2015 during the 2nd EAC HIV and AIDS Symposium/5th EAC Health and Scientific conference	Facilitate the wide dissemination of the report Refine action plan developed during validation for operationalization
	1.1.2 Convene a meeting of the TWG on HIV and AIDS STIs and TB to validate the study report		
	1.1.3 Conduct a Dissemination workshop to disseminate the study findings		
	1.1. 4 Develop a regional Legal reform Action plan to address the gaps identified in the HIV and AIDS laws and policies.		
	1.1.5 Facilitate operationalization of the Regional Legal reform action plan		
	1.1.6 Train executive staff decision makers on safety at work, wellness management and HIV and AIDS	None of the targeted 4 staff (executive and senior) in EAC organs and institutions was trained on safety at work, wellness management including HIV and AIDS The training awaits the approval of the EAC HIV work place policy	Reprioritize the training after approval of the EAC HIV work place policy
	1.1.7 Review and align the EAC HIV and AIDS Work place policy with the UN recommendation 2000	The EAC HIV and AIDS Work place Policy reviewed. Because the department of HR is critical in policy implementation, and to ensure leadership by in and ownership, the policy development process largely involved the department of Human Resources and the HIV	The draft policy was validated and is among the agenda items for consideration by the EAC Sectoral Council of Ministers of Health and subsequently for approval by the July 2016 Council of Ministers' meeting

Strategic Intervention	Activities	Implementation status	Next steps
		unit. In addition the process was highly consultative with inputs from the different departments, sectors organs, CSOs, ILO and experts from Partner States.	
	1.1.8 Disseminate the EAC HIV and AIDS work place policy to EAC Organs and institutions	Not yet Done	
	1.1.9 Provide technical support (technical back stopping) for the effective implementation of the EAC HIV and AIDS Work Place policy	The members of the different TWGs and sub groups were key in providing technical support during the development of the policy	The next steps will involve operationalization of the policy by setting up HIV and AIDS committees in the different organs and institutions
1.2 Facilitate strategic partnership building at global, regional and national levels for effective implementation of HIV and AIDS responses	1.2.1 Convene the EAC Annual Implementing Partnership fora for HIV and AIDS	Annually EAC continued to convene the regional partners' forum. The fora brought together representatives from partner states, CSOs and development partners and regional economic Commissions. The forum was used as a platform for accountability and advocacy for leadership commitment towards HIV and AIDS programming in the region	It's critical that the partnership forum is prioritized, regularized and widely advertised to increase the breadth and marginal representations from CSOs private sector, IPs Donors. This will facilitate the integration of HIV into other sectors
	1.2.2 Conduct a scoping study to map EAC's Key HIV & AIDS regional partners by September 2013	Not done, mainly due to limited resources amidst competing priorities	This activity will be reprioritized to include partners supporting the integrated health and HIV services programming in the region

Strategic Intervention	Activities	Implementation status	Next steps
1.3 Facilitate EAC HIV and AIDS statutory regional meetings / workshops	1.3.1 Convene the EAC 99Sectoral council of Ministries of Health for policy and Programme guidance and approval of programme operational documents (plans, budgets, frame works, studies, reports,)	EAC 99Sectoral council of Ministries of Health meetings were regularly convened according the EAC secretariat calendar. The issues discussed during the meeting aim at creating increasing ownership, creating enabling environment at regional and National level for effective and sustainable HIV & AIDS responses. In addition, the meetings are used as a forum to advocate for national and regional leaders to demonstrate recognition and commitment to HIV and AIDS response and is accountable to the stakeholders. Several documents were approved during the council sessions	Continue to hold regular SCM meetings, preceded by the meeting of senior officials from MoH from the partner states
	1.3.2 Convene the Annual National AIDS Councils / Commissions (NAC) Director's Forums for policy and Programme guidance	Regional Annual NAC Directors' forums were held. A number of Communiqué from the NAC Directors' forum were developed and forwarded to the EAC Health & HIV TWG and Sectoral Council of Ministers of Health for consideration and consequential approval	Hold regular NACs directors' meeting and review the ToRs for the Health and HIV TWG to include representation from NAC directors and thereby increase their engagement in the regional programme to facilitate sector wide integration of HIV programme
	1.3.3 Convene regional HIV and AIDS Programme performance review workshops	Although stand-alone Regional HIV and AIDS Programme performance review workshops were not convened. The EAC HIV unit moved smart to conduct the reviews during Joint steering committee meetings and symposia alongside the EAC scientific conferences	The EAC will continue to prioritize platforms for sharing best practices, lessons learnt and program performance. As priority EAC will continue to hold HIV symposia, and joint steering committee meetings.

Strategic Intervention	Activities	Implementation status	Next steps
1.4 Establish strategies to support resource mobilization coordination and sustainability of regional and national HIV and AIDS interventions/responses	1.4.1 Develop a Regional HIV & AIDS resource mobilization and sustainability strategy.	This was partially done. However great strides have been made including; 1)the establishing of the EWG on sustainable financing; 2) EAC successfully conducted an analysis on sustainable financing options for universal health and HIV coverage for the EAC region. The report on sustainable financing for universal Health and HIV coverage in the EAC region provides a current situation of financing for health and HIV and AIDS in the region, and Partner States, showing the funding gaps and proposes options for bridging the identified gaps by 2030; and 3) developed an issue paper on sustainable financing to guide discussions at a High Level Dialogue Meeting (HLDM) on Sustainable Financing on Health, HIV and AIDS in the EAC region.	Hold the regional high level dialogue meeting on Sustainable Financing on Health, HIV and AIDS in the EAC region. Fast track the development of the Regional HIV & AIDS resource mobilization and sustainability strategy during the next reporting period Develop the resource mobilization strategy
	1.4.2 Develop the operationalization plan for the EAC Regional resource mobilization and sustainability strategy.	Not done.	The operation plan of the strategy will be part of the TORs for the development of the Resources mobilization strategy that will be informed by the communique from the high level dialogue meeting on Sustainable Financing on Health, HIV and AIDS in the EAC region.
	1.4.3 Disseminate the resource mobilization/ sustainability strategy, and the operationalization plan to EAC Partner States.		
Key Result Area 2: Scale up accessibility, affordability and availability to HIV & AIDS Prevention, Care, Treatment and Support Services			
2.1 Review, harmonize and promote HIV and AIDS Prevention, Care, Treatment and	2.1.1 Convene national stake holders' consultative and gap analysis meetings to review HIV and AIDS , protocols / guidelines for EAC Partner States	During the development of the EAC situational analysis reports a gap analysis report of the National HIV and AIDS Preventions, care and treatment protocols/ guidelines was undertaken	Since then the gaps were used to inform the development of the EAC HIV Strategic and implementation plan 2016-2020. Interventions to address the gaps will be implemented during the period 2016-2020

Strategic Intervention	Activities	Implementation status	Next steps
Support protocols / guidelines on HIV & AIDS and STIs;	2.1.2 Convene a regional Harmonization workshop for HIV and AIDS protocols, Guidelines	Jointly with GLIA, EAC convened several meetings aimed at harmonizing HIV and AIDS protocols, and Guidelines. Key output of these efforts, was the fact that EAC is strategically situated to facilitate and develop minimum standards as compared to harmonization of protocols and standards based on the EAC mandate	Develop minimum standards for operationalization of protocols and standards
	2.1.3 Facilitate national dissemination and adoption workshops in the Partner States		
	2.1.4 Conduct advocacy and sensitisation workshops for the adoption and implementation of the harmonized protocols	During TWG, Expert working groups, NACs forum, Partners Forum and SCM meetings, EAC has distilled global protocols and guidelines through presenting such guidance documents during the meetings	EAC will continue convening meetings and workshops for partner states experts and officials to advocate for adaption/adoption of global standards
2.2 Facilitate development, adoption and institutionalization of the eMTCT Regional strategy to scale the uptake of eMTCT services. In the partner States.	2.2.1 Convene a meeting of EAC Partner States' PMTCT / eMTCT experts to identify gaps in the national PMTCT delivery system	In 2015 the EAC Secretariat organized meeting for PMTCT experts in Kigali Rwanda During the meeting, Experts from the five Partner States identified programme and policy gaps and they recommended the development of a regional EMCT strategy to address the gaps and accelerate scale up of the programme.	Prioritize and develop a regional EMTCT strategy
	2.2.2. Develop a regional eMTCT/ Strategy	Not done	
	2.2.3 Convene Meeting of experts to validate the regional eMTCT strategy	Not done	
	2.2.4 Conduct advocacy and sensitization workshops for the adoption and implementation of the regional eMTCT strategy	Not done	
Key Result Area 3: Evidence based policy and guidelines are in place to inform the regional HIV and AIDS Interventions			
Strategic Objective 3: To improve the designing, management, and sustainability of HIV national and regional responses			

Strategic Intervention	Activities	Implementation status	Next steps
3.1 Assess country specific progress towards regional and international Commitment	3.1.1 Conduct a situation analysis (baseline survey) on the level of implementation of regional and global HIV and AIDS commitments	Situation analysis on the HIV programming situation in the region was done. The report is entitled "**EAC HIV and AIDS Response report 2013**: **Realizing the regional Goals in HIV and AIDS, TB and STI"**	Review and agree on indicators and methodologies to be used during the future situational analysis. Undertake another study to review the regional HIV situation in 2017. This will coincide with the results of the national Health Impact surveys
	3.1.2 Convene a meeting of experts to validate the study report	Final study report was validated in all the five partner states	
	3.1.3 Conduct a dissemination work shop (to be done in a TWG)	The Study report was widely disseminated during the HIV and AIDS symposium that was held along the EAC international Health and Scientific conference and exhibition held in March 2015 in Kampala Uganda	
3.2 Facilitate generation of EAC HIV and AIDS Annual Epidemic report 3.3. Develop and implement a regional M&E frame work for the entire programme	3.2.1 Convene a meeting of M&E sub group in collaboration with UNAIDS to define and agree on indicators for the EAC HIV and AIDS Annual Epidemic report	A series of meetings were held to develop and agree on standard indicators, tools and reporting templates. A draft M&E plan is in place to be used for tracking implementation of the EAC HIV and AIDS TB and STI strategic and implementation plan 2016-2019/20	Convene a meeting to agree on standard indicators and tools to capture the implementation progress Finalize the draft M&E plan
	3.2.2 Support data collection and compilation of the draft EAC HIV and AIDS annual Epidemic report	Situation analysis on the HIV programming in the region was done. The report is entitled "**EAC HIV and AIDS Response report 2013**: **Realizing the regional Goals in HIV and AIDS, TB and STI**	Undertake another study to review the regional HIV situation in 2017 (see 3.2.1)
	3.2.3 Convene meeting of M&E sub group in collaboration with UNAIDS to review and validate the draft EAC HIV and AIDS annual Epidemic report	M&E subgroup meetings were held during the analysis process to validate the HIV epidemic report 2013 before it was approved by the SCM. In addition the report was peer reviewed by separate blinded experts from the region	
	3.2. Support the Printing of the EAC HIV and AIDS annual Epidemic report	Several copies were printed	Further distribution of copies and dissemination of the report will be done using electronic versions
	3.3.1 Conduct a gap analysis on the Efficiency of national monitoring and evaluation systems in the EAC Partner States	Gap analysis not done	Gap analysis study has been reprioritized for the HIV Strategic plan 2016-2020

Strategic Intervention	Activities	Implementation status	Next steps
	3.3.2 Develop a regional M&E systems enhancement Strategy for the Partner States	A draft Regional M&E systems enhancement Strategy developed	Convene the M&E subgroup and the HIV TWG to twitch the plan towards integrated health and HIV implementation and finalize the draft M&E plan
	3.3.3 Disseminate the regional M&E systems enhancement Strategy and plan for the Partner States	Not done	
3.4 Facilitate the Establishment of an EAC HIV and AIDS knowledge management and information sharing system	3.4.1 Develop a web based HIV and AIDS knowledge management platform	Partially achieved; The EAC HAU achieved great milestones in establishing the Knowledge Management Platform that will promote information exchange on the good practices on HIV and AIDS, STIs and TB programming. These include: a) Establishing the Expert Working group on Knowledge management; b) developing the ToRs for the KMP EWG; and c) developing the protocol for conducting an situational assessment of the existing regional KMP systems and structures to serve as a baseline for the establishment of the KMP	Next steps will involve the conducting of the situational analysis study to establish existing capacity in knowledge management systems in the region
Key Result Area 4: Regional programmes targeting mobile and key populations in the EAC Region			
Strategic Objective 4: To Strengthen the coordination and implementation of regional responses for mobile and key populations in the EAC region			
4.1 Establish a regional strategy for addressing the needs and promoting the rights of key populations at regional and national level	4.1.1 Collate all studies and documents size, services available and service providers for key populations	Studies on Key populations were conducted with the aim of establishing size and services available. These include: The EAC regional report on Mapping of Health Services along major transport corridors in East Africa; and Report on health and HIV AND AIDS along the EAC transport corridors: Situation Analysis 2014; The major challenges were: a)lack of standard methods for conducting size estimate for KPs; and b) limited in terms of KP type, profile and geographical coverage	• Map service providers to create a referral pathway along the cross border areas • Develop minimum standards and methodologies for conducting size estimate and profile studies for key population • EAC to develop HIV programmes for key populations along the open sea east coast line • EAC to improve collaboration with

Strategic Intervention	Activities	Implementation status	Next steps
			partners implementing regional wide projects and strengthen mechanisms for holding partners accountable
	4.1.2 Convene a regional meeting for stakeholders in collaboration with UNDP to disseminate the study findings and map out a way forward on further studies	Under the guidance of the Transport Corridor Task Force/ EWG, a number of meetings were held by EAC and or with support from Partners. During the meetings, study reports on KPs were validated	
	4.1.3 Develop a Regional Strategy for mobile and key population to access HIV and AIDS prevention, treatment, care and support services.	Completed In collaboration with the EAC Partner States, Family Health International (FHI 360), IOM and North Star Alliance (NSA), the transport Corridor task force developed the EAC regional strategy for scaling up integrated health and HIV and AIDS programming along the transport corridors in East Africa and the Minimum package of health and HIV and AIDS services for Key and Vulnerable populations along the transport corridor in East Africa	Secretariat will submit the draft documents for Approval by the SCM. The documents will then be disseminated to regional partners
5 Programme Management and Support			
5.1 Programme support and coordination	5.1.1 Pay staff salaries and related benefits	Monthly salaries and benefits for five EAC HIV and AIDS Unit staff were paid promptly	Continue paying staff salaries
	5.1.2 Procure office supplies, stationary and equipment	Office supplies, stationary and equipment procured regularly	Continue procuring office supplies to facilitate the functioning of the unit
	5.1.3 Pay for Office utilities	Office utilities were promptly paid	
	5.1.3 Conduct Audits	The Unit continued to conduct annual HIV and AIDS Programme external audits during the implementation period	Continue conducting regular audits as internal and external checks for proper accountability to ensure efficient resources use
	5.1.4. Present papers on the HIV and AIDS regional response at international and continental meetings and conferences including the Kuala Lupa IAS	The HIV and AIDS PMO presented a number of papers and reports during the EAC HIV and AIDS symposia and ICASA 2015 meetings. Additionally the staff presented papers during regional economic communities meetings and at	Share evidences on lessons learnt and best practices during regional and international conferences meetings and fora

Strategic Intervention	Activities	Implementation status	Next steps
	conference	the African Union meetings	
	5.1.5 Conduct End of programme evaluation	End of programme evaluation report was undertaken in March to June 2016	Disseminate the report
	5.1.6 Develop and validate a new EAC HIV and AIDS Strategic plan 2014 – 2016	New EAC HIV and AIDS Strategic plan 2016 – 2020 was developed and approved by the SCM. The report was launched in March 2015 in Kampala during the HIV symposium	Develop integrated operational approach to implement the Strategic plan

EAC HIV AND AIDS MULTISECTORAL STRATEGIC IMPLEMENTATION PLAN 2012-2014

Strategic Intervention	Activities	Implementation status	Next steps
Strategic Objective1: To scale up national and regional leadership involvement, commitment and ownership for sustainability of the HIV and AIDS response.			
1.2 Support and advocate for the adoption of rights based HIV & AIDS policy and legal reforms within the region	1.1.1 Conduct a rights based gap analysis on EAC Partner States HIV and AIDS policies, laws, and procedural guidelines	Gaps analysis of existing Partner States' HIV and AIDS polices, laws and procedural guidelines were done. The analysis was completed in 2015. A plan of action for each state was developed. Validation of the report on gaps analysis of existing Partner States'	The report awaits approval by the Sectoral Council of Ministers meeting
	1.1.2 Convene a meeting of the TWG on HIV and AIDS STIs and TB to validate the study report	The report was validated and disseminated in all the five partner states and at a regional level in a meeting held in Dar el Salam in 2015	
	1.1.3 Conduct a Dissemination workshop to disseminate the study findings	The report has not been disseminated, awaiting approval by the SCM	The report will be disseminated after the official approval by the Sectoral council of ministers of Health in 2016. During validation, the action plans will be reviewed and improved for implementation
	1.1. 4 Develop a regional Legal reform Action plan to address the gaps identified in the HIV and AIDS laws and policies.	A draft regional EAC Legal reform Action plan was developed in December 2013. This will be approved by the SCM, as an annex of	In addition the final report contains a gap analysis of existing Partner States' HIV and AIDS polices, laws and

Strategic Intervention	Activities	Implementation status	Next steps
		the report	procedural guidelines Priority: develop a regional legal reform action plan
	1.1.5 Facilitate operationalization of the Regional Legal reform action plan	Not done, awaits approvals by SCM	
	1.1.6 Train executive staff decision makers on safety at work, wellness management and HIV and AIDS	None of the targeted 4 staff (executive and senior) in EAC organs and institutions was trained on safety at work, wellness management including HIV and AIDS The training awaits the approval of the EAC HIV work place policy	Reprioritize the training after approval of the EAC HIV work place policy
	1.1.7 Review and align the EAC HIV and AIDS Work place policy with the UN recommendation 2000	The EAC HIV and AIDS Work place Policy reviewed. The process was implemented jointly by the HIV Unit and the department of Human Resources. This was a highly consultative process with inputs from the different departments, sectors and organs	Approval of the policy by SCM. Operationalization of the policy by setting up HIV and AIDS committees in the different organs and institutions
	1.1.8 Disseminate the EAC HIV and AIDS work place policy to EAC Organs and institutions	Not yet Done	
	1.1.9 Provide technical support (technical back stopping) for the effective implementation of the EAC HIV and AIDS Work Place policy	Not done. Awaits	
1.2 Facilitate strategic partnership building at global, regional and national levels for effective implementation	1.2.1 Convene the EAC Annual l Partnership fora for HIV and AIDS	Two (2) regional partnership fora were convened. The fora brought together representatives from partner states and development partners including regional economic Commissions.	
	1.2.2 Conduct a scoping study to map EAC's Key HIV & AIDS regional partners by September 2013	Not done	This activity will be reprioritized to include partners supporting the integrated health and HIV services programming in the region

Strategic Intervention	Activities	Implementation status	Next steps
of HIV and AIDS responses			
1.3 Facilitate EAC HIV and AIDS statutory regional meetings / workshops	1.3.1 Convene the EAC 107Sectoral council of Ministries of Health for policy and Programme guidance and approval of programme operational documents (plans, budgets, frame works, studies, reports,)	EAC 107Sectoral council of Ministries of Health was regularly convened according the EAC secretariat calendar. The issues discussed during the meeting are aimed at creating an enabling environment at regional and National level for effective and sustainable HIV & AIDS responses. In addition, the meetings are used as a forum to urge national and regional leaders to demonstrate recognition and commitment to HIV and AIDS response. . Several documents were approved during the council sessions	Continue to hold regular SCM meetings, preceded by the meeting of senior officials from MoH from the partner states
	1.3.2 Convene the Annual National AIDS Councils / Commissions (NAC) Director's Forums for policy and Programme guidance	Regional Annual NAC Directors' fora were held. A number of Communiqué from the NAC Directors' forum were developed and forwarded to the EAC Sectoral Council of Ministers of Health	Hold regular NACs directors' meeting
	1.3.3 Convene regional HIV and AIDS Programme performance review workshops	Regional HIV and AIDS Programme performance review workshops convened During Joint steering committee meetings and alongside scientific conferences	Continue sharing experiences and lessons learned.
1.4 Establish strategies to support resource mobilization coordination and sustainability of regional and national HIV and AIDS	1.4.1 Develop a Regional HIV & AIDS resource mobilization and sustainability strategy.	Not done	Fast track the development of the Regional HIV & AIDS resource mobilization and sustainability strategy.
	1.4.2 Develop the operationalization plan for the EAC Regional resource mobilization and sustainability strategy.	Not done	
	1.4.3 Disseminate the resource mobilization/ sustainability strategy,	Not yet done	

Strategic Intervention	Activities	Implementation status	Next steps
interventions/responses	and the operationalization plan to EAC Partner States		
Key Result Area 2: Scale up accessibility, affordability and availability to HIV & AIDS Prevention, Care, Treatment and Support Services			
2.1 Review, harmonize and promote HIV and AIDS Prevention, Care, Treatment and Support protocols / guidelines on for HIV & AIDS and STIs;	2.1.1 Convene national stake holders' consultative and gap analysis meetings to review HIV and AIDS , protocols / guidelines for EAC Partner States	During the development of the EAC situational analysis reports a gap analysis report of the National HIV and AIDS Preventions, care and treatment protocols/ guidelines was undertaken	
	2.1.2 Convene a regional Harmonization workshop for HIV and AIDS protocols, Guidelines	Jointly with GLIA, EAC convened several meetings aimed at harmonizing HIV and AIDS protocols, and Guidelines. Key output of these efforts, was the fact that EAC need to set minimum standards as compared to harmonization of protocols and standards based on the EAC mandate	Develop minimum standards for operationalization of protocols and standards
	2.1.3 Facilitate national dissemination and adoption workshops in the Partner States	Not done	
	2.1.4 Conduct advocacy and sensitization workshops for the adoption and implementation of the harmonized protocols	During TWG, Expert working groups, NACs forum, Partners Forum and SCM meetings, EAC has distilled global protocols and guidelines through presenting such guidance documents during the meetings	
2.2 Facilitate development, adoption and institutionalization of the eMTCT	2.2.1 Convene a meeting of EAC Partner States' PMTCT / eMTCT experts to identify gaps in the national PMTCT delivery system	A meeting for EAC Partner States' PMTCT / eMTCT experts was convened in Kigali in 2015	Prioritize and develop a regional EMTCT strategy
	2.2.2. Develop a regional eMTCT/ Strategy	Not done	

Strategic Intervention	Activities	Implementation status	Next steps
Regional strategy to scale the uptake of eMTCT services. In the partner States.	2.2.3 Convene Meeting of experts to validate the regional eMTCT strategy	Not done	
	2.2.4 Conduct advocacy and sensitization workshops for the adoption and implementation of the regional eMTCT strategy	Not done	
Key Result Area 3: Evidence based policy and guidelines are in place to inform the regional HIV and AIDS Interventions			
Strategic Objective 3: To improve the designing, management, and sustainability of HIV national and regional responses			
3.**1 Assess country specific progress towards regional and international Commitment**	3.1.1 Conduct a situation analysis (baseline survey) on the level of implementation of regional and global HIV and AIDS commitments	Situation analysis on the HIV programming situation in the region was done. This was documented in the regional situation report 2013	Undertake another study to review the regional HIV situation in 2017. This will coincide with the results of the national Health Impact surveys
	3.1.2 Convene a meeting of experts to validate the study report	Final study report was validated in all the five partner states	
	3.1.3 Conduct a dissemination work shop (to be done in a TWG)	The Study report was widely disseminated during the HIV and AIDS symposium that was held along the EAC international Health and Scientific conference and exhibition held in March 2015 in Kampala Uganda	Done as part of response report
3.2 Facilitate generation of EAC HIV and AIDS Annual Epidemic report	3.2.1 Convene a meeting of M&E sub group in collaboration with UNAIDS to define and agree on indicators for the EAC HIV and AIDS Annual Epidemic report	A series of meetings were held to develop and agree on standard indicators, tools and reporting templates. A draft M&E plan is in place to be used for tracking implementation of the EAC HIV and AIDS TB and STI strategic and implementation plan 2016-2019/20	Finalize the draft M&E plan
	3.2.2 Support data collection and compilation of the draft EAC HIV and AIDS annual Epidemic report	Data collected and the first report was developed in 2013	
3.3. Develop and implement a regional M&E	3.2.3 Convene meeting of M&E sub group in collaboration with UNAIDS to review and validate the draft EAC HIV	M&E subgroup meetings were held to validate the HIV epidemic report 2013 before it was approved by the SCM	

Strategic Intervention	Activities	Implementation status	Next steps
frame work for the entire programme	and AIDS annual Epidemic report		
	3.2. Support the Printing of the EAC HIV and AIDS annual Epidemic report	Several copies were printed	Further dissemination of the report will be done using electronic versions
	3.3.1 Conduct a gap analysis on the Efficiency of national monitoring and evaluation systems in the EAC Partner States	Gap analysis not done	Gap analysis study has been reprioritized for the HIV Strategic plan 2016-2020
	3.3.2 Develop a regional M&E systems enhancement Strategy for the Partner States	A draft Regional M&E systems enhancement Strategy developed	Finalize the draft M&E plan
	3.3.3 Disseminate the regional M&E systems enhancement Strategy and plan for the Partner States	Not done	
3.4 Facilitate the Establishment of an EAC HIV and AIDS knowledge management and information sharing system	3.4.1 Develop a web based HIV and AIDS knowledge management platform	An expert working group on knowledge management was formed to oversee the establishment of the web based HIV and AIDS knowledge management platform	Conduct a situational analysis study to establish existing capacity in knowledge management in the region and among partner states
Key Result Area 4: Regional programmes targeting mobile and key populations in the EAC Region			
Strategic Objective 4: To Strengthen the coordination and implementation of regional responses for mobile and key populations in the EAC region **Outcomes 4: Increased awareness of the size of Key populations with the region**			
4.1 Establish a regional strategy for addressing the needs and promoting the rights of key populations at regional and national level	4.1.1 Collate all studies and documents size, services available and service providers for key populations	Study documenting size of key populations, services providers and available and providers service, was not conducted	Mapping of health services along the transport and cross border corridor done in all partner states. Developing standard indicators and methods for KPs size estimate
	4.1.2 Convene a regional meeting for stakeholders in collaboration with UNDP to disseminate the study findings and map out a way forward on further studies	Not done	

Strategic Intervention	Activities	Implementation status	Next steps
	4.1.3 Develop a Regional Strategy for mobile and key population to access HIV and AIDS prevention, treatment, care and support services.	Regional Strategy and minimum standards for increasing access to HIV and AIDS prevention, treatment, care and support services for mobile and Key population along transport corridor was developed	Secretariat will submit the draft documents for Approval by the SCM. The documents will then be disseminated to regional partners
5 Programme Management and Support			
5.1 Programme support and coordination	5.1.1 Pay staff salaries and related benefits	Monthly salaries and benefits for five EAC HIV and AIDS Unit staff were paid promptly	
	5.1.2 Procure office supplies, stationary and equipment	Office supplies, stationary and equipment procured regularly	
	5.1.3 Pay for Office utilities	Office utilities were promptly paid	
	5.1.3 Conduct Audits	The Unit continued to conduct annual HIV and AIDS Programme external audits during the implementation period	
	5.1.4. Present papers on the HIV and AIDS regional response at international and continental meetings and conferences including the Kuala Lupa IAS conference	The HIV and AIDS PMO presented a number of papers and reports during the EAC HIV and AIDS symposia and ICASA 2015 meetings. Additionally the staff presented papers during regional economic communities meetings and at the African Union meetings	
	5.1.5 Conduct End of programme evaluation	End of programme evaluation report was undertaken in March to June 2016	Disseminate the report
	5.1.6 Develop and validate a new EAC HIV and AIDS Strategic plan 2014 – 2016	New EAC HIV and AIDS Strategic plan 2016 – 2020 was developed and approved by the SCM. The report was launched in March 2015 in Kampala during the HIV symposium	Develop integrated operational plan to implement the Strategic plan