

EAST AFRICAN COMMUNITY

REGIONAL INTEGRATED MULTISECTORAL HIV AND AIDS STRATEGIC PLAN: 2007 – 2012

FINAL VERSION - Edited as of Thursday, 27th September 2007



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Abbreviations

ART	Anti Retroviral Therapy
ARVs	Anti Retroviral (drugs)
AU	African Union
COMESA	Common Market for Eastern and Southern Africa
CSO	Civil Society Organisations
EAC	East African Community
EACDF	East African Community Development Fund
EADB	East African Development Bank
EALA	East African Legislative Assembly
ECSA-HC	East, Central and Southern Africa Health Community
FBO	Faith Based Organizations
GIPA	Greater Involvement of People Living with HIV and AIDS
GLIA	Great Lakes Initiative on AIDS
HIV	Human Immuno-deficiency Virus
IDP	Internally Displaced Persons
IGAD	Inter-Governmental Authority on Development
ILO	International Labour Organization
IUCEA	Inter-University Council of East Africa
JFTA	Joint Financing and Technical Assistance Arrangement
LVFO	Lake Victoria Fisheries Organisation
M&E	Monitoring and Evaluation
M&E	Monitoring and Evaluation
MC	Male Circumcision
MDGs	Millennium Development Goals
MoH	Ministry of Health
MOH & SW	Ministry of Health and Social Welfare
MSD	Medical Stores Department
NAC	National AIDS Commission/Council
NACP	National AIDS Control Programme
NGOs	Non-Governmental Organizations
NMSF	National Multi-sectoral Strategic Framework
OR	Operational Research
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
SADC	Southern African Development Community
SADC	Southern African Development Community
SG	Secretary General
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TACAIDS	Tanzania Commission for AIDS
TRIPS	The Agreement on Trade Related Aspects of Intellectual Property Rights
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USD	United States Dollars
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

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EXECUTIVE SUMMARY

The East African Community (EAC), covering an estimated area of 2.1 million square kilometers and a combined population of about 107 million people, is a regional inter-Governmental Organization comprising Tanzania, Uganda, Kenya, Rwanda and Burundi. The region faces significant challenges when it comes to HIV and AIDS and accordingly, require multi-sectoral responses to the pandemic at the national and regional levels to mitigate the pervasive impacts on the fabric of life in the region. UNAIDS (2006) estimates that by the end of 2005 in the three EAC states, 3.7 million were living with HIV/AIDS of whom 3.4 million were adults aged 15-49 years; 1.97 million (53.2%) were females and 370,000 were children. In addition, 371,000 deaths were estimated to have occurred due to AIDS related diseases leaving behind 3.2 million orphans. The life expectancy at birth of East Africa would currently have been close to 60 years without AIDS, instead it is under 50 years at present; implying a loss of about 10 years in life for all populations in the region. However, the costs for diagnostic treatment and other care services, including HIV/AIDS interventions, have escalated well beyond the means and capacity of Governments of the EAC member states.

Over the last three years though, the partner states of the EAC have registered progress in prevention and control of HIV and AIDS through the use of multi-sectoral and multidimensional approaches to planning and management of the disease. The adoption of the 'Three Ones' Approach - One Coordinating Unit; One Multi-sectoral Plan and; One National M&E Framework, have been used to guide the HIV and AIDS national response by East African countries; and has enhanced involvement of all the stakeholders in participatory decision making processes and implementation of interventions. There is still much to do and the Health Section of the EAC secretariat took the leadership in calling for the development of the Multi-sectoral Strategic Plan for HIV and AIDS 2007 – 2011 that defines regional interventions and actions in support of Partner States' national responses to the pandemic.

The HIV and AIDS Strategic Plan is informed by the EAC Development Strategy (2006-2010) that was adopted by partner states to guide implementation of the regional and national goals and objectives of the EAC Treaty signed in 1999. In this regard the vision and mission of the Development Strategy is used as the beacon to guide the multi-sectoral HIV and AIDS strategy and provide the foundation upon which it will operationalise its imperatives.

The goal and strategic objective of the HIV and AIDS strategic plan are outlined below with concomitant results; supported by seven objectives that define in more specific terms, the kinds of actions needed to realize the strategic plan.

The goal of the Multi-sectoral HIV and AIDS Strategic Plan is the following:

Reduce the incidence of HIV and AIDS infection and its socio-economic impacts in the East African Region by strengthening expanded regional integration and harmonization of responses within the EAC region.

The overall strategic objective that gives expression to the goal is the following:

Strengthen and expand responses to HIV and AIDS in East Africa by scaling up access to prevention, treatment, care and support for all people and mitigating the impact of HIV and AIDS on all key sectors in the region

The high level Results to be achieved by 2011 in response to the overall strategic objective are outlined below:

- ▶ Political leadership, coordination, commitment and accountability to accelerated response to HIV and AIDS increased in the EAC region at regional and national levels
- ▶ Regional integration and harmonization of key regional policies, legislation, plans and interventions effected
- ▶ An increased level of implementation and monitoring of national, regional and global level HIV and AIDS commitments, declarations, policies and legislation
- ▶ HIV and AIDS competence and technical resource base among EAC partner states enhanced through joint capacity building and shared learning
- ▶ EAC Institutional capacity developed and in place to implement the EAC HIV and AIDS strategic plan
- ▶ Operationalise the EAC Workplace policy on HIV and AIDS framework and guidelines that ensure a working environment free of discrimination against; and the prevention, care and treatment services for affected workers and their families

Seven objective areas have been defined that form the basis of the strategy plan. Each objective area is supported by strategic actions that drive the operational implications of delivering the plan so that the goal is achieved of mitigating the socio-economic impacts of HIV and AIDS in the region; thereby improving the quality of life for all as defined in the mission statement of the EAC Development Strategy. The seven objectives are the following:

- ▶ Enhanced institutional capacities of the EAC secretariat and that of the partner states to implement regional and national responses to HIV and AIDS
- ▶ HIV and AIDS responses mainstreamed through all EAC sectors
- ▶ Accelerated action towards regional level integration, harmonized protocols, policies, plans, and interventions; and domesticated agreements and legislation in relation to HIV and AIDS
- ▶ Coordinated EAC access to, use and management of strategic information and knowledge relevant to HIV and AIDS
- ▶ Strengthened political leadership for accelerated action and scale-up of national and regional responses to HIV and AIDS
- ▶ Consolidated EAC partnerships and coordination functions or effective responses to HIV and AIDS
- ▶ EAC Workplace policy on HIV and AIDS framework and guidelines operationalised

The challenge in executing the plan is putting in place the appropriate institutional arrangements and human resource capacities. The recommendation is that the HIV and AIDS function within the Health Section becomes a fully-fledged HIV and AIDS unit with a dedicated staff complement and budget. However, the key imperative is to eventually locate the HIV and AIDS Unit in the office of the Secretary General given its multi-sectoral disposition. This is envisaged as a milestone to be achieved in the short term. In the meantime the unit will remain in the Health Section and will mature in terms of its human resource capabilities and regional roles. Four full-time professional posts and one Programme Assistant post are recommended for unit.

In addition, a Multi-sectoral HIV and AIDS Task Force chaired by the Secretary General is recommended. The Task Force will help to ensure that HIV and AIDS get the priority it deserves and is effectively mainstreamed within all sectors, organs and institutions of the EAC. The Task

Force will consist of the Coordination Committee Chair, Sectoral Committee Chairs; and the Directors of the three Divisions within the Secretariat. Finally, a Regional Partnerships Forum is proposed that formalizes strategic level engagements between the EAC and partners on various aspects and dimensions of HIV and AIDS.

The EAC Strategic Plan on HIV and AIDS will be funded through a number of possible mechanisms including EAC allocated funds¹ or HIV and AIDS; a Joint Financing and Technical Assistance Arrangement (JFTA)²; and / or Basket funding/EAC Development Fund (EACDF)³.

The operational plan defines strategic actions for the next five years 2007 – 2011, calling for collaboration with a number of key regional and national partners, including regional donor agencies, UN agencies and regional service providers. In addition to the five-year operational plan is the operational plan for this year, 2007. The indicative budget for the five-year period is **USD \$ 5,826,462.00**; while the indicative proposed budget for the 2007 implementation plan is **USD 808,033.00**.

¹ Budgetary Allocation from EAC where an estimated US\$ 529,600 (13.5 % of total budget) can be sourced for HIV and AIDS but this includes costs for Reproductive Health as well

² In which the Government and Health Donor Working Groups (HDWG), also supporting HIV/AIDS activities, are guided by mutual agreement (Joint Agreement/MOU) for pooling funds together to support joint planned and prioritized strategies/activities.

³ Where the envisaged EAC development fund will enable pooled resources from development partners to be used for priority projects and programmes of EAC

Chapter one - Background and methodology

1.1 Background

In mid 2006, the EAC secretariat embarked on the process of developing the regional strategic plan on HIV and AIDS. Several consultations were held, including a Multi-sectoral stakeholder meeting bringing together a number of key partners from partner states in the region to review the draft of the plan. Thereafter the plan was finalized including an institutional assessment that was done as a precursor to making recommendations on the appropriate institutional arrangements to execute the plan. In addition, the HIV and AIDS Workplace policy framework and guideline was also finalized. The multi-sectoral HIV and AIDS Strategic Plan is a first for the EAC

1.2 Methodology

The methodology process involved extensive consultations and participation of multi-sectoral partners and stakeholders drawn from EAC staff, representatives of partner Governments, development partners and other stakeholders. A series of meetings and workshops were organized to solicit wide-ranging information and enlist support from participants. The methodology also involved comprehensive reviews of documents generated by EAC over the years, including those applied by individual member states to fight HIV and AIDS.

Chapter two – Situation analysis of HIV and AIDS in the region

2.1. Introduction

Sub-Saharan Africa comprises 10% of the world's population and 60% of all the world's people living with HIV/AIDS are also found in this region. Of the estimated 25.5 million people living with HIV/AIDS in sub-Saharan Africa, 17 million live in Eastern and Southern Africa⁴.

The East African Community (EAC), covering an estimated area of 2.1 million square kilometers and a combined population of about 107 million, is a regional inter-Governmental Organization comprising Tanzania, Uganda, Kenya, Rwanda and Burundi.

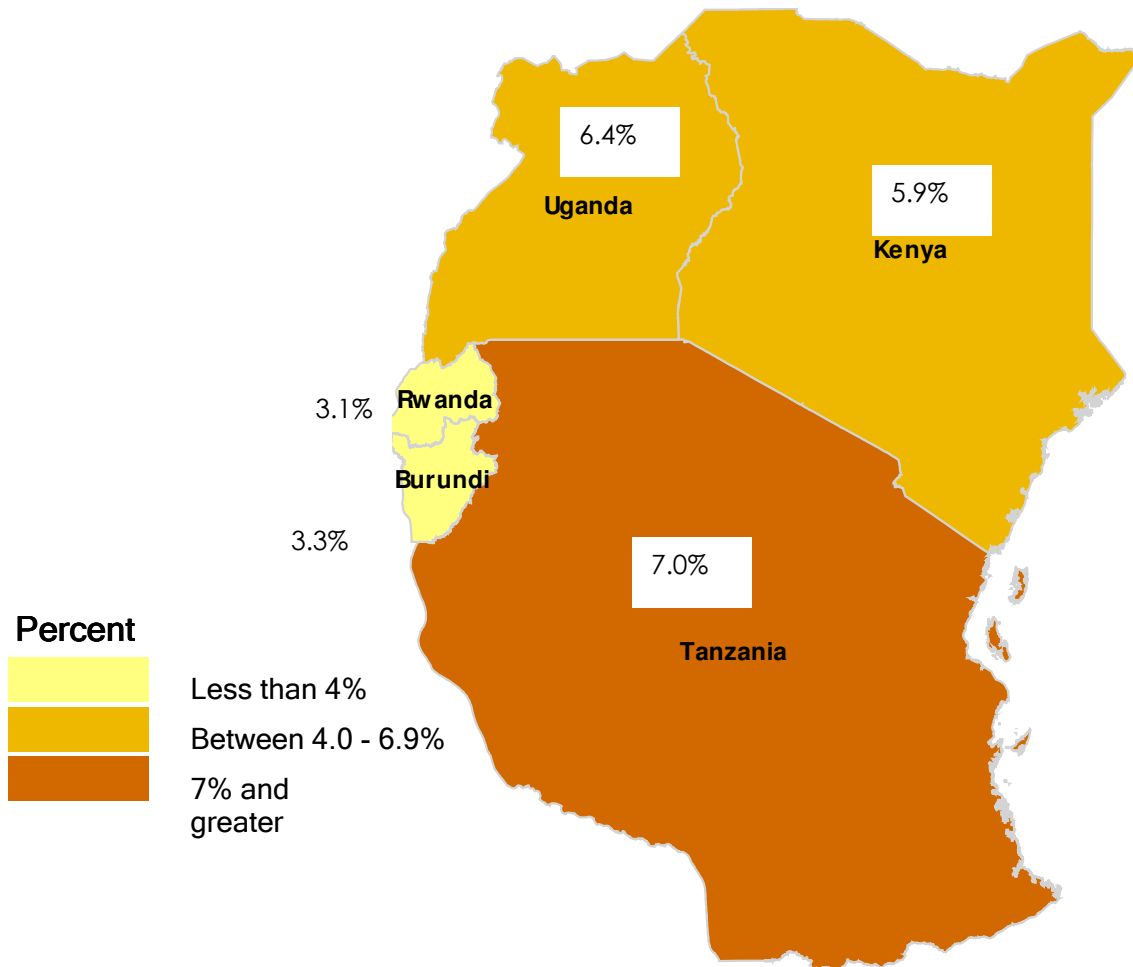
The first diagnosed case of HIV in Africa was made in East Africa in a fishing village on the shores of Lake Victoria. The virus has since infected and affected millions of East Africans resulting in many AIDS related deaths and destitution among affected households. For more than two decades, death and sickness due to AIDS have affected virtually all sectors, deepening poverty of East Africans. Exacerbating the aforesaid, the costs for diagnostic treatment and other care services, including HIV/AIDS interventions, have escalated well beyond the means and capacity of Governments of EAC member states, thus making policy choices critical to issues of equity, access, efficiency and effectiveness. Further more, existing local and regional health research processes have not adequately and efficiently been used to inform policy and decision-making processes with reference to the scaling up of responses to the pandemic.

In the initial stages, the AIDS epidemic was characterized by very rapid spread that resulted in high prevalence rates of up to 20% in the general population in Uganda, 12% in Tanzania and 10% in Kenya in the 1990s. These rates have since declined. As the map in Figure 1 shows, the present overall national prevalence rates in partner states are 5.9% in Kenya, 6.4% in Uganda and 7.0% in Tanzania including Zanzibar, 3.1% in Rwanda and 3.3% in Burundi. Illustrated in the map below (figure 1), are the prevalence rates of the five countries in the EAC.

⁴ These figures are taken from (i) UNAIDS Epidemic Update, November 2005 (ii) UNAIDS at the Country Level: Progress Report. September 2004 (both documents are available online at: www.unaids.org).

This chapter will focus on the Lake Victoria region that impacts on most of the countries in the region. This will be followed by a brief synopsis of the country level responses to HIV and AIDS; and the regional response.

Figure 1: Comparative HIV Prevalence in EAC Countries (Between 2003 and 2006) - HIV/AIDS Prevalence Between 2003 and 2006



2.2 The Lake Victoria Region

The Lake Victoria region, with an estimated population of 30 Million people sharing common socioeconomic activities, cultures and social interactions, is severely affected by the AIDS pandemic and encompasses some of the worst hit districts in the EAC region (Kenya, Tanzania and Uganda, Rwanda and Burundi). Reasons for the region's vulnerability are complex, including population mobility, poverty, gender inequality, as well as various socio-cultural practices. Lake Victoria Region is highly urbanized and faced with high mobile communities (from rural to urban as well as urban to urban) in search of economic opportunities. As a result there are higher HIV prevalence rates in urban than in rural areas for example in Uganda (Kampala at 8.3% as compared to average 6% - 2003); and Kenya (Kisumu at 20-30% prevalence as compared to the average of 6.7% - 2001)⁵.

⁵ SIDA/AMREF Lake Victoria Basin HIV/AIDS Baseline survey 2006
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EAC/AMREF Lake Victoria Partnership Programme (EALP)

The EAC/AMREF Lake Victoria Partnership Programme (EALP) is a programme of the EAC, coordinated by the Lake Victoria Basin Commission (LVBC) and managed by the African Medical and Research Foundation (AMREF). It is a three-year (2007-2010) programme, with funding from Swedish Government through Sida. The purpose of the programme is to establish a framework for improving the effectiveness of the HIV and AIDS responses for mobile populations within the Lake Victoria Basin by 2010.

The programme covers sixty four (64) districts in the Lake Victoria Basin of Kenya, Uganda and Tanzania. In Kenya, the districts of coverage are in Nyanza, Western and parts of Rift Valley Provinces, while in Tanzania it covers Mwanza, Mara and Kagera regions. In Uganda it covers 18 districts, most of which are located in the central and eastern parts of the country. The EALP will also maintain a strategic presence in the Republics of Rwanda and Burundi through collaborative research, information sharing and policy harmonization. To add value from a regional perspective, the programme works closely with the national HIV and AIDS coordinating agencies of the EAC Partner States. Its primary populations of focus are communities in fishing, seasonal workers in agricultural plantations, and institutions of higher learning.

HIV and AIDS in Lake Victoria Basin

The Lake Victoria Basin seems to exhibit unique features. It is characterised by high HIV prevalence levels; there is heavy and frequent movement of people within and through the Basin, and in most parts of the Basin, health systems have largely failed to meet the demand for HIV and AIDS services. These problems are compounded by widespread poverty, ecological degradation of the Lake environment and its basin, and high morbidity from malaria and frequent outbreaks of water-borne diseases. Certain cultural practices also heighten the risk of HIV infection and spread. All these factors require coordinated and harmonized efforts, which currently lack in existing HIV and AIDS responses. There is increasing movement of people across the Partner States borders, but the response to HIV and AIDS is still organized nationally. Pockets of existing regional HIV and AIDS responses have not sufficiently been harmonized with responses at the national levels. Policies, standards and practices across the region could benefit from harmonization, but this is yet to be achieved.

The EAC– AMREF Response:

The collaboration between AMREF and the EAC/Lake Victoria Basin Commission seeks to build effective partnerships with a diverse range of organizations across the region. These partnerships will ensure that a framework for improving the effectiveness of HIV and AIDS responses focusing on mobile populations is established. Through such a framework, the capacity of key regional institutions will be strengthened; policies, standards and protocols will be harmonized, and vibrant networks of mobile populations will be strengthened. This will reduce the mobility-induced risks and vulnerabilities that heighten the HIV and AIDS pandemic in the Lake Victoria Basin.

Objectives of the Programme

The **purpose** of the programme is to establish a framework for improving the effectiveness of the HIV and AIDS responses for mobile populations within the Lake Victoria Basin by 2010.

This purpose will be achieved through three major objectives:

- 1) To strengthen the capacity of the EAC, its key institutions and select regional networks to coordinate HIV&AIDS responses in the LVB region

- 2) To promote the harmonization of HIV&AIDS policy frameworks and practice for mobile populations across the East African region.
- 3) To strengthen the capacity of select networks and organizations of mobile populations to address HIV &AIDS related risks and vulnerabilities.

The major deliverables of the programme are:

- i. Mainstreaming gender and rights based approaches in HIV and AIDS programmes and policies of major regional and national institutions.
- ii. Development of an M&E framework and a Health Management Information System (HMIS) - the database will be hosted by the LVBC and will have critical HIV &AIDS related data on the Lake Basin.
- iii. Development of a coordination mechanism by LVBC. This will set standards and benchmarks for responding to HIV &AIDS within the basin.
- iv. Conducting Sector-specific baseline studies in fishing, agriculture plantations and institutions of higher learning. This will improve the quality of technical information available for planning and policy interventions.
- v. Piloting innovative approaches of service provision among fishing communities, migrant workers in agricultural plantations and institutions of higher learning. These approaches will be documented, shared and adopted in HIV and AIDS policies and practices in the region.

Strategic Partners

The programme is a broad-based partnership bringing together the following organizations:

African Medical and Research Foundation (AMREF)

AMREF is the largest health development organization based in Africa, working with and through communities, health systems and governments. AMREF was founded in 1957 and has programmes in Kenya, Uganda, Tanzania, Sudan, Somalia, Ethiopia, and South Africa. AMREF aims at ensuring that every African can enjoy the right to good health by helping to create vibrant networks of informed communities that work with empowered health care providers in strong health systems. AMREF manages the programme on behalf of the partners and the EAC Member States.

Lake Victoria Basin Commission (LVBC)

The Lake Victoria Basin Commission (LVBC) is an apex institution of the East African community with a mission to promote equitable economic growth aimed at eradicating poverty, sustainable utilisation and management of natural resources, protection of the environment within the Lake Victoria Basin, and maritime safety and security on the Lake. The vision of the Lake Victoria Commission states: "**A prosperous population living in a healthy and sustainably managed environment providing equitable opportunities and benefits**". In the current partnership the LVBC will take the leading role in the:

- Provision of an overall supervision of the programme
- Development of a regional HIV&AIDS coordination mechanism; and spearheading its adoption throughout the LVB region
- Development of an M&E framework and a Health Management Information System (HMIS)
- Identification of regional policies and advocacy issues ,and
- strategy development

The Inter-University Council of East Africa (IUCEA)

The Interuniversity Council of East Africa (IUCEA) is an institution of the East African Community whose *mission* is to co-ordinate, facilitate and promote strategic, collaborative and competitive

development of Higher Education in the region. The IUCEA currently has 46 institutions of higher education within its membership, and this is envisaged to increase, with Rwanda and Burundi joining the Community.

Within the EALP partnership, the IUCEA will coordinate interventions focusing on institutions of higher education. There are ongoing efforts to carry out a baseline study on HIV and AIDS and its impact on institutions of higher learning. A task-force comprising university representatives, national HIV and AIDS coordinating agencies, the EAC/LVBC, IUCEA and AMREF has been formed to spearhead the study, whose results are expected to be ready by December 2007.

The participation of the IUCEA in the EALP complements IUCEA Corporate Strategic Plan 2007 – 2010 particularly in the areas of “Promotion of Strategic Research with a Regional Focus” and “Internationalization of Higher Education and Research in East Africa”, where HIV and AIDS has been identified as one of the 13 “Thematic Clusters” in the IUCEA academic activities. The Thematic Clusters were formed by merging the activities of the IUCEA traditional “Subject Meetings” and “Specialized Committees”. The information generated through the EALP programme will complement the teaching and research activities within the HIV and AIDS cluster as well as benefiting from the academic initiatives generated by the other thematic clusters.

The Lake Victoria Fisheries Organization (LVFO)

The Lake Victoria Fisheries Organization (LVFO) is an institution of the East African Community (EAC) established by a Convention signed in 1994 to promote cooperation, develop, adopt and harmonize measures for conservation and management of the fisheries resources of Lake Victoria to maximize socio-economic benefits of the fisher communities.

The LVFO recognizes that one of the major socio-economic challenges affecting fisher communities is HIV/AIDS, as the communities have a prevalence rate of between 10 to 40%. LVFO has developed a HIV and AIDS strategy, which has been adopted by the LVFO Council of Ministers and provides a framework of the actions to be undertaken to reduce the vulnerability and the impacts of HIV and AIDS on the fishing communities.

The LVFO is participating in the EAC/AMREF Lake Victoria Basin Partnership (EALP) programme and will spearhead the implementation of the fisheries component of the programme. This will involve commissioning a study to generate a better understanding of the scale and impacts of HIV and AIDS in the fishing communities, including of prevalence, mapping HIV and AIDS support services serving fishing communities and developing a manual to support fishing communities, through the Beach Management Units (BMUs), to address HIV and AIDS. LVFO will also lead in facilitating a network of agencies involved in working with fishing communities on HIV and AIDS, to encourage information exchange, joint action and lesson learning.

RENEWAL

RENEWAL is an acronym that stands for the “**Regional Network on HIV/AIDS, Rural Livelihoods and Food Security**” and is facilitated by the International Food Policy Research Institute (IFPRI). RENEWAL was launched in 2001. As a regional network, RENEWAL is currently active in five Eastern and Southern African countries namely South Africa, Zambia, Malawi, Uganda and Kenya.

RENEWAL is a growing “**network of networks**” mandated to address the complex interactions between HIV&AIDS, Livelihoods and Food and Nutrition Security. The network does this through operational research, strengthening human resource capacity and influencing policy communications. The network’s core pillars are subsequently, action research, capacity development and policy communications. In this regard, RENEWAL aims to enhance understanding of the worsening interactions between HIV and AIDS and food and nutrition security and facilitate a comprehensive response to these interactions.

Within the frameworks of the EALP, RENEWAL will coordinate interventions focusing on seasonal workers in agricultural plantations. The main activities will comprise a baseline study on the current status of HIV and AIDS on the agricultural sector, service utilization and availability; as well as supporting mainstreaming gender and rights-based approaches in HIV and AIDS in the interventions in the agricultural sector. RENEWAL will also provide technical support in the design and carrying out of pilot studies aimed at developing effective HIV and AIDS-related service provision for migrant populations in the agricultural sector.

EALP linkages with overall EAC Regional Integrated Multisectoral HIV and AIDS Strategic Plan

The EAC/AMREF Lake Victoria Partnership Programme is an initiative that fits very well within the EAC Regional Integrated Multisectoral HIV and AIDS Strategic Plan: 2007-2012.

The strategic plan appreciates that the Lake Victoria region, which is the target area for the EALP, is much more severely affected by HIV and AIDS and that it is home to the districts with the highest HIV prevalence rates compared to other regions within the East African states. The plan, as EALP, recognises that population mobility to a large extent contributes to the vulnerability of the Lake Region to HIV and AIDS.

One of the reasons the EALP exists is to ensure harmony in policy and practice among the EAC states with regard to tackling HIV and AIDS issues, particularly among mobile populations. EALP as a programme also aims at ensuring that HIV and AIDS issues affecting mobile populations receive adequate attention and recognition at the national level in each of the EAC states. The states will then work with the EAC Health Unit to ensure that regional harmony is achieved with regard to the way mobile populations are targeted with HIV and AIDS services along the entire continuum of prevention, care and treatment and mitigation. In addition, the EAC plan emphasises the importance of working through regional partnerships in fighting HIV and AIDS to ensure maximum impact, a strategy that EALP has employed in its implementation of the programme activities.

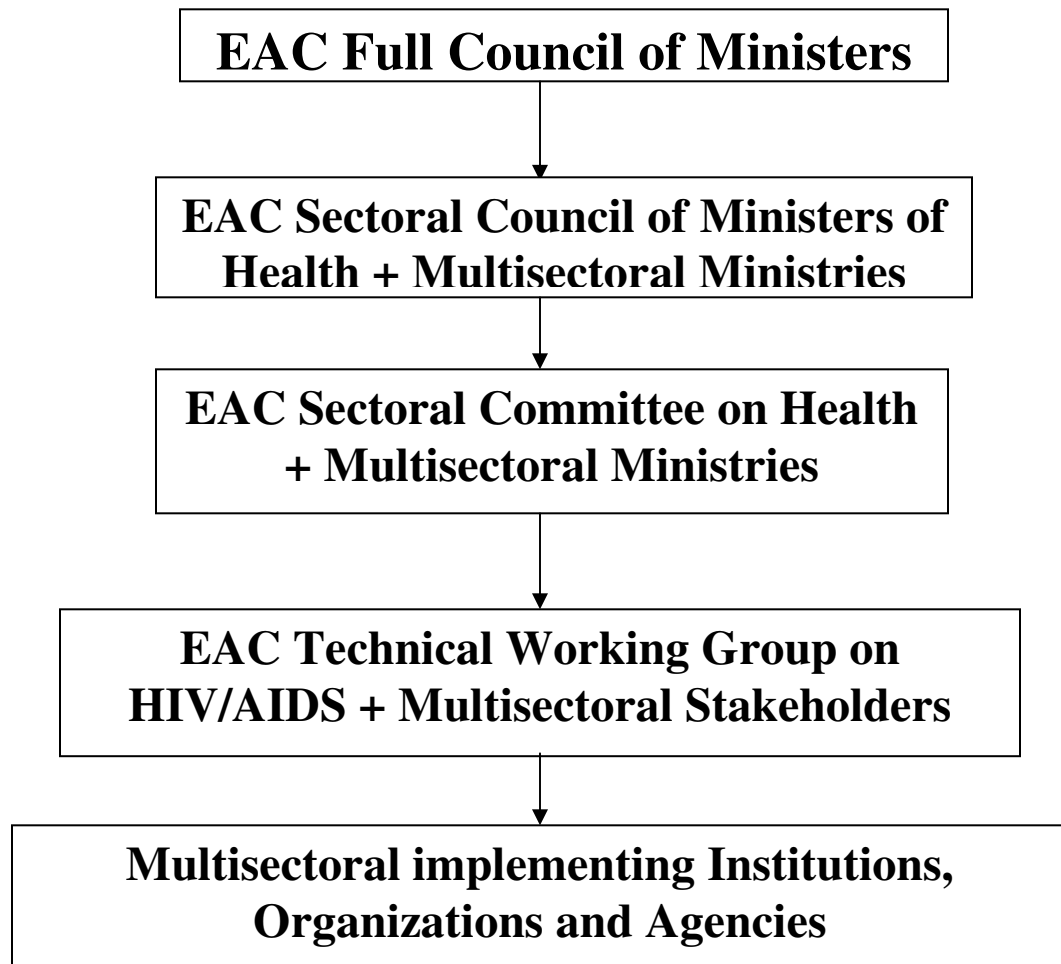
The EAC HIV and AIDS strategic plan clearly states the importance of improved capacity of the EAC secretariat to implement and coordinate regional responses to HIV and AIDS. This is in line with one of EALP's objectives, to strengthen the capacity of the EAC and its key institutions to coordinate HIV and AIDS responses, particularly in the Lake Victoria region. AMREF through EALP, could therefore partner with the EAC Health Unit to realise this objective.

Among the guiding principles of the EAC HIV and AIDS Strategic Plan are gender mainstreaming and the incorporation of human rights in all EAC HIV and AIDS activities. In addition, the plan encourages the adoption of the principles among the partner organizations that the Community will work with. The guiding principles as spelt out by the EAC provide a linkage with EALP, which also plans to incorporate Gender and Rights based approaches in its work. In line with this, the programme has developed a Gender and Rights-Based framework from which Gender Mainstreaming Guidelines will be developed for adoption and incorporation in the various implementation activities by the partners. EALP also plans to work with various organizations to promote the development of HIV and AIDS workplace policies.

EALP plans to document best practices from the implementation of the various activities it will set out to do, document and share with the EAC member states for learning and possible adoption depending on what is appropriate and can work in different settings. The programme will also develop a regional Health Management Information System (HMIS) to be based at the Lake Victoria Basin Commission (LVBC). A study on the HIV and AIDS M&E Frameworks of the EAC member states was carried out in December 2006 to inform the development of an institutional M&E and HMIS framework. The development of such a framework is in line with the EAC HIV and AIDS strategic plan which aims to develop coordinated access to, use and management of information and knowledge relevant to HIV and AIDS, and the EALP regional HMIS could feed into the broader EAC HMIS.

Finally, EALP will contribute towards better coordination of HIV and AIDS activities in the Lake Victoria Basin to ensure reduced duplication and better impact as envisioned by the EAC in its strategic plan.

The organizational linkages between the overall EAC Regional Integrated Multi-Sectoral HIV and AIDS Strategy and the EAC/AMREF/Lake Victoria HIV and AIDS Programme (EALP) and many other health-related projects and programmes within the East African Community region is shown graphically below:-



Key Drivers of HIV and AIDS Pandemic in EAC Region

Transport - The EAC partner states have many common road transport corridors, with at least 5 road transport corridors under construction, that attract many workers who interact sexually with the communities along the roads and expose each other to high risks to HIV infection. Besides long distances from the points of offloading to destinations; many of the existing corridors have poor road networks that force long haul truck drivers to spend many nights away from their sexual partners resulting in transactional sex with local communities along the transport routes. This associated HIV risk, poses danger to both drivers and sexual partners including their families.

While some EAC countries have responded to the challenge by establishing VCT centres and condom distribution points at strategic market centres situated along the highways connecting neighbouring countries, these services need to be better coordinated and managed

Railway Network - Like the cross-border road network, the East African railways network also provides similar exposure to HIV infection to communities along the railway lines, stations and border crossing centers

Maritime Sub-sector - The EAC region's large navigable water resources with the most prominent being the Indian Ocean and Lake Victoria, have active Maritime transactions that bring traders and communities together within the region. With regard to contracting HIV infection, the associated high risk is similar to all other infrastructural networks stated above.

Whereas, the coastal populations, including Islands of Zanzibar and Pemba indicate the lowest HIV prevalence (0.6%)⁶, the high concentration and mobility of the workforce within the coastal towns, pose the risk of HIV exposure. The Port Management Association of Eastern and Southern Africa (PMAESA), which is a non-governmental and non-political organization of ports authorities in the Eastern and Southern Africa region, has been identified as an effective HIV/AIDS network that will be critical in addressing the maritime related HIV/AIDS interventions.

Cross-border Trade - Small-scale cross-border traders in merchandise such as foodstuffs, clothing, fruit, soft drinks, beauty products and farm products involve constant interactions with communities and small-scale traders sharing common borders. The interactions include social activities such as unprotected sex that often result in the transmission of HIV to these communities and other travelers frequenting the border routes.

Drugs Trafficking - In some parts of EAC there is a serious problem of drug trafficking and abuse. A survey in 2004, found a 12% HIV prevalence among drug abusers (people) and 30% among injectable drug users in Zanzibar. (Revolutionary Government of Zanzibar 2004).

Local tourism centers - EAC towns and market centers located within tourism attractions, such as Arusha, Tanzania (location of EAC Secretariat headquarters), have registered high HIV prevalence rates. For instance, in 2004 HIV prevalence of the Arusha region was 5.3% and in antenatal clinics it was 7%. At the Mount Meru regional hospital in Arusha, the blood donors were found to be 17.4% HIV positive and VCT clients were 43.6% in 2005, showing high levels of seropositivity (TACAIDS 2005).

HIV and AIDS and Conflict/post conflict - Military conflicts in EAC have increased the risk of vulnerability to HIV. Most people in conflict prone areas of northern Uganda have lived in internally displaced camps (IDP) for several years. Some women and girls in IDPs have been raped and exposed to HIV infection. In Kenya, Tanzania, Rwanda and Burundi, refugee influx from unstable neighboring countries of Somalia, Sudan and DRC have increased the risk of HIV infection to both the refugees and populations of host countries.

Impact of HIV/AIDS

⁶ Zanzibar National AIDS Statistics
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In considering the impact of HIV/AIDS, access to healthcare, education and economic empowerment for the peoples of east Africa should be stipulated. Like in the MDG'S, it is crucial to mitigating the impact of HIV.

Health

This sector has been greatly impacted upon by HIV/AIDS. There is increasing demand on the health services by patients for HIV care, rapidly changing treatments for HIV/aids. There is need for a forum to share, document and harmonise issues at the regional level.

Social

HIV does not only disintegrate the body but the family. This is evidenced in the rising number of orphans and vulnerable children (**OVC's**). In each country there are policies to address this issue. The program now needs to harmonise the protocols, standards and guidelines at the regional level so that implementation of activities at partner state level meets a minimum standard e.g. ISO 9001/2000

Culture too impacts on the spread and response to HIV and will be addressed in this program.

Disability requires special focus and specifically tailored interventions so as to reach the citizens affected.

Gender

The biggest burden of HIV falls on the women and children. They are both affected and infected and yet the support to available to children and women is limited. In this program, the disparities are to be address at policy level.

Economic

HIV/ AIDS affects the most economically productive population. In addition to the loss in incomes, there is a marked increase in household spending on medical needs compromising other pertinent needs like education, food provision and time spent on productive activity and investment. In effect, the standard of life for the patient and their families deteriorates.

2.3 National responses in the region

Over the last decade, the partner states of EAC, have shown remarkable commitment towards addressing pressing issues of HIV/AIDS interventions. These interventions have been informed by international and regional conventions such as the Millennium Development Goals⁷, African Union Human Rights Treaties⁸ and UN Declarations and Guidelines⁹

2.3.1 Tanzania

With an estimated population of 38 million (2006 projection), Tanzania has the highest population in East Africa, including higher HIV prevalence s (7.0%¹⁰ compared with other EAC partner states. Current statistics, also show that about 12% (2.4 million) of children aged between 4-17 years are orphans out of which 45% have faced the loss of parents due to HIV/AIDS related death¹¹.

In response to the challenge, Tanzania has been implementing various HIV/AIDS interventions through its medium-term National Multisectoral Strategic Framework (NMSF), which has

⁷ Not only the goal referring to HIV and AIDS but at least four others that refer to gender equality, poverty, rducing child and maternal mortality, provision of clean water and sanitation; and environmental concerns

⁸ African Charter on the Rights and Welfare of the Child; Protocol to the African Charter on the Rights of Women in Africa; African Charter on Human and People's Rights

⁹ Universal Declaration of Human Rights, UN Guidelines on HIV /AIDS and Human Rights; Operational Guide on Gender and HIV and AIDS and other

¹⁰ TACAIDS Statistics 2006

¹¹ TACAIDS, 2006

emphasized the 'three Ones' approach - one coordinating unit (TACAIDS), One strategic plan and One M&E framework. The current plan (2003-2007) is being reviewed and a new NMSF developed for the period 2008-2012 respectively¹².

Tanzania, has also integrated HIV/AIDS interventions into key sectors of its Poverty Reduction Strategic Plan (PRSP), Vision 2020 and other national strategies. In addition, the country is keenly implementing workplace policies, legal and rights legislation for protection and access to HIV/AIDS care and support for People Living with HIV and AIDS (PLWHA) including women and children. As a result the HIV prevalence in Tanzania dropped from 10% to 7% over the last five years.

2.3.2 Uganda:

In 2004, the population of Uganda was estimated at 24.7 million.

The Uganda Government and its National Aids Control Council, is implementing various HIV/AIDS interventions through multi-sectoral approaches that draw on the participation of key stakeholders such as public sector Ministries, civil society, private sector and faith based organizations. The "three Ones" approach, that guides the implementation of the four thematic areas of prevention, care and support, mitigation of socioeconomic impacts of AIDS and cross-cutting issues in Uganda, has resulted in remarkable reduction of HIV prevalence from 12% in the 1990s to the current 6.4%.

Apart from mainstreaming HIV/AIDS within the key sectors stated in the Government's Poverty Reduction Strategic Plan (PRSP), Uganda has also developed workplace policies for public and private workers, legal and rights legislation for protection and access to HIV/AIDS care and support for People Living with HIV and AIDS (PLWHA) including women, children and OVCs. However, the challenges of addressing care, support and mitigation of socioeconomic impact of most vulnerable groups in Uganda (2.3 million orphans out of which 1 million have lost parents through HIV/AIDS)¹³ remain critical and need to be addressed through the current National AIDS Strategic Framework.

2.3.3 Kenya

Like other EAC member states, the Kenya Government has fully embraced the multi-sectoral approach of fighting HIV/AIDS. With the current population of about 34 million people, Kenya's HIV prevalence stands at 5.1%, down from 13.4% in the 1990's.¹⁴ The National AIDS Control Council (NACC), is making progress towards implementing HIV/AIDS interventions through multi-sectoral collaboration and participation of various stakeholders in which the "three Ones" approach has been used as a guide. Given the number of rapidly growing orphans, currently standing at 2.3 million out of which 1.1 million are due to HIV/AIDS related loss of parents¹⁵, remains a challenge in the face of limited resources.

2.3.4 Rwanda:

With a population of 9 million¹⁶ and an estimated HIV prevalence of 3.1%¹⁷ in 2001¹⁸; (lowest in EAC partner states), Rwanda's fight against HIV/AIDS pandemic seems to be gaining momentum. The current HIV prevalence rate for women and men aged 15-49 age groups is

¹² NMSF Multisectoral review teams are currently working on NMSF review

¹³ Uganda National Statistics 2005

¹⁴ NACC 2006

¹⁵ NACC, 2005

¹⁶ National Statistics

¹⁷ CNLS 2006

¹⁸ NASCOP 2006.

3.0%¹⁹. Comparatively, women are more at risk of contracting HIV virus than men (Recent HIV/AIDS reports, including sentinel surveillance by TRAC indicated that for every 100 infected men, there are 160 infected women)²⁰

The Rwanda Government, through CNLS, has stepped up the fight against HIV/AIDS through the five-year HIV/AIDS Strategic Framework, adopting the "Three Ones" approach and all-inclusive multi-sectoral participation of stakeholders. Rwanda, has also recently, completed the integration of HIV/AIDS issues into the public sector planning and resource allocation through Economic Development and Poverty Reduction Strategy of 2008-2012 and Vision 2020.

2.3.5 Burundi

Burundi has a population of 8.7 million people and an HIV prevalence of 3.3%²¹. The challenges posed by HIV and AIDS are all similar in the region. Burundi's current HIV prevalence rate for women and men aged 15-49 age groups is 3.3 %²². Like many other EAC partner states, the trends of HIV infections tend to put women more at risk than men. Recent HIV/AIDS studies and surveys have indicated that for every 100 infected men, there are 160 infected women, with most girls between age groups 15-25, being the most vulnerable groups.

The Burundi Government, through the National AIDS Control Council, has developed a five year HIV/AIDS Strategic Plan, which has put into focus the "Three Ones" approach, including intense involvement of multi-sectoral stakeholders in implementation. Burundi, is also integrating HIV/AIDS interventions into the public sector activities and national Poverty Reduction Strategies of the Government.

The country, has also developed guidelines for mainstreaming HIV/AIDS into key sectors of education, labour, gender, youth and local government

2.4 Regional Response

The East African Community Partner States are affected by similar infectious disease problems such as HIV/AIDS, malaria, cholera, meningitis and tuberculosis. The frequent population movement across the borders of the three countries poses a greater risk of spreading diseases from one country to another. The recent growth in regional trade and travel in East Africa has increased the likelihood that disease epidemics will involve more than one country. The response to such a regional epidemiological emergency is complex and involves national, regional and international agencies. An efficient and quick flow of information across the borders is therefore crucial for averting such incidents of cross border spread.

Whereas the individual country's national institutions fighting HIV and AIDS have registered positive progress in combating prevalence of the disease, little progress has been made in confronting the disease from a regional perspective. Perhaps the regionally-focused response to HIV/AIDS interventions (by the EAC Secretariat) have lagged behind due to preoccupation in matters of deepening the cooperation and integration process among the Partners, including establishing structures for the sustainable management of the functions of the Secretariat. Besides, the EAC has not had a strategic direction or plan to guide a comprehensive HIV and AIDS response within the region.

However, over the last year, the EAC has demonstrated positive progress towards development strategies for addressing regional HIV and AIDS responses. In addition, some of the institutions of the EAC have taken some initiatives and actions for fighting the HIV and AIDS pandemic within their geographic locations and operational areas. The Strategic Plan is a first for the EAC and

¹⁹ CNLS 2006

²⁰ Rwanda DHS 2005

²¹ National statistics

²² CNLS 2006

demonstrates its commitment to fighting the pandemic. However it has to do this from a regional perspective and the plan outlines a number of strategic actions the EAC will drive at a regional level and within the parameters of its mandate. Please in **annexure 1: Progress made by EAC institutions and Organs**.

Chapter three - The EAC Strategic Plan on HIV and AIDS, 2007-2011

Introduction

This Strategic Plan for HIV and AIDS 2006 - 2010 articulates the broad Vision and Mission of the EAC Development Strategy (2006-2010), that was adopted by partner states to guide implementation of the regional and national goals and objectives of the EAC Treaty signed in 1999. The Development Strategy has defined key actions in relation to HIV and AIDS, all of which have been incorporated into this strategic plan.

The goal and strategic objective of the strategy plan are outlined with concomitant results; supported by six key objectives that define in more specific terms, the kinds of actions needed to realize the aforesaid.

3.1 Vision and Mission as defined in the EAC Development Strategy

3.1.1 The vision as articulated in the EAC Development Strategy is the following:

The vision of EAC is to have a prosperous, competitive, secure and politically united East Africa.

It is clear that HIV and AIDS will threaten the intent of the vision as its impacts are pervasive and endemic in the member states that constitute the EAC. This reinforces the criticality of multi-sectoral responses to the pandemic supported by political will and commitment.

3.1.2 The mission is stated as the following:

The Mission of EAC is to widen and deepen economic, political, social and cultural integration in order to improve the quality of life of the people of East Africa through increased competitiveness, value added production, trade and investment

As noted with the vision statement, HIV and AIDS responses need to underpin all policy, protocol and programmatic commitments of the EAC so that an added dimension to the quality of life referred to is one 'free of the impacts of HIV and AIDS'.

3.2 The Vision and Mission of the EAC HIV/AIDS Strategic Plan

3.2.1 The vision of this strategic plan is as follows:

An East Africa free from HIV/AIDS and all its negative social and economic consequences

3.2.2 The mission of this strategic plan is to:

Reduce the incidence of HIV infection and its socio-economic impact in the East African region by strengthening and expanding regional integration and harmonization of responses within the EAC member states

3.3 Goal and overall strategic objective of the HIV and AIDS Strategic plan

The Goal and overall strategic objective articulated below are specific to the HIV and AIDS strategy Plan and outline the overall intent of the plan to address the responses to HIV and AIDS from a regional perspective:

3.3.1 The goal is the following:

To strengthen and expand responses to HIV and AIDS in the East African region

3.3.2 The overall strategic objective that will give expression to the goal is the following:

To scale up access to prevention, treatment, care and support for all people and mitigating the impact of HIV and AIDS on all key sectors in the region

3.3.3 The Key Results to be achieved in response to the intent of the overall strategic objective are outlined below:

- ▶ Political leadership, coordination, commitment and accountability to accelerated response to HIV and AIDS increased in the EAC region at regional and national levels
- ▶ Regional integration and harmonization of key regional policies, legislations, plans and interventions effected
- ▶ An increased level of implementation and monitoring of national, regional and global level HIV and AIDS commitments, declarations, policies and legislation
- ▶ HIV and AIDS competence and technical resource base among EAC partner states enhanced through joint capacity building and shared learning
- ▶ EAC Institutional capacity developed and in place to implement the EAC HIV and AIDS strategic plan

3.4 Guiding principles of the EAC HIV and AIDS Strategic Plan

- ▶ Multi-sectoral Approach - The principle of multi-sectoral, multi-dimensional and multi-level approaches will be used given that the pandemic has affected every sector of the regional economy and facet of life in the region; including opportunities offered by some sectors in arresting new infections
- ▶ Comparative Advantage and Complementarity - regional level activities must be informed by country priorities and should add value and be guided by subsidiarity. Regional approaches should not undermine national ownership, duplicate country level interventions or create additional layers of bureaucracy.
- ▶ Strategic Partnerships – EAC should broker agreements with key regional organizations and manage partnerships with a wide range of partners (civil society, PLWHA, multilateral and bilateral organizations etc).
- ▶ Gender Mainstreaming - In accordance with the laws of the EAC, all areas and activities of the organization have to be gender mainstreamed. Accordingly, the strategic plan will adopt gender mainstreaming as a guiding principle.
- ▶ Respect for Human Rights - EAC will develop HIV/AIDS policies and programmes that respect human rights and other rights as enshrined in the international conventions signed by the Partner States.
- ▶ Greater Involvement of People Living with HIV and AIDS (GIPA) - People Living with HIV and AIDS will be involved in policy formulation, strategic planning, programme design, implementation and evaluation, personnel training and communication/messaging

3.5 Strategic Objectives

Below is a consolidation of seven strategic objective areas that form the basis of the strategy plan. Each objective area is supported by strategic actions that will drive the operational implications of delivering the plan so that the goal is achieved of mitigating the socio-economic impacts of HIV and AIDS in the region; thereby improving the quality of life for all in the region as defined in the mission statement of the EAC Development Strategy. The six objectives are the following:

- ▶ Enhanced institutional capacities of the EAC secretariat and that of the partner states to implement regional and national responses to HIV and AIDS
- ▶ HIV and AIDS responses mainstreamed through all EAC sectors
- ▶ Accelerated action towards regional level integration, harmonized protocols, policies, plans, and interventions; and domesticated agreements and legislation in relation to HIV and AIDS
- ▶ Coordinated EAC access to, use and management of strategic information and knowledge relevant to HIV and AIDS
- ▶ Strengthened political leadership for accelerated action and scale-up of national and regional responses to HIV and AIDS
- ▶ Consolidated EAC partnerships and coordination functions or effective responses to HIV and AIDS
- ▶ EAC Workplace policy on HIV and AIDS framework and guidelines operationalised

Each objective is taken in turn with its associated strategic actions.

3.5.1 Strategic Objective 1:

Enhanced institutional capacities of the EAC secretariat and that of the partner states to implement regional and national responses to HIV and AIDS

Strategic Actions:

- ▶ Ensure the HIV and AIDS function within the Health Section is transformed into a multi-sectoral HIV and AIDS unit with dedicated staff and its budget
- ▶ Secure longer term sustainable financing for the implementation of the EAC HIV and AIDS strategic plan from partner states and donor partners
- ▶ Promote and strengthen multi-sectoral coordination of HIV and AIDS within the EAC through the proposed establishment of the EAC HIV and AIDS Multi-sectoral Task Force chaired by the Secretary General
- ▶ Develop an Integrated M&E System to track the implementation of the strategic plan with comprehensive performance indicators, tools and supporting mechanisms.
- ▶ Establish thematic Technical Working Groups of the EAC to be convened by the EAC Secretariat and involving wider stakeholders – supported by expert think tanks
- ▶ Implementation of the EAC HIV and AIDS Workplace policy
- ▶ Create a forum for sharing, promoting and scaling up best practices as well as the outcomes of selected regional, continental and global summits and conferences

3.5.2 Strategic Objective 2:

HIV and AIDS responses mainstreamed through all EAC sectors

Strategic Actions:

- ▶ Develop guidelines for the mainstreaming of HIV and AIDS in all EAC sectors and institutions
- ▶ Facilitate through strengthened capacity, the mainstreaming of HIV and AIDS, gender, human rights and the GIPA principle within EAC sectors and program areas such as

- education, agriculture, transport, tourism, gender, labour and culture, defence, high mobility population groups, among other
- ▶ Facilitate HIV/AIDS mainstreaming among universities and other institutions of higher learning

3.5.3 Strategic Objective 3:

Accelerated action towards regional level integration, harmonized protocols, policies, plans, and interventions; and domesticated agreements and legislation in relation to HIV and AIDS

Strategic actions:

- ▶ Align and integrate HIV/AIDS responses in EAC with relevant clauses of the Treaties, Articles and Regulations governing the EAC; and national HIV/AIDS policies and strategic plans
- ▶ Review Member States' national HIV and AIDS related policies and plans including OVC in EA Countries to identify gaps and appropriate actions at regional level including harmonizing policies and planning approaches
- ▶ Standardize prevention and treatment protocols enabling comprehensive approaches to treatment, nutrition and care
- ▶ Align policies to address interventions aimed at cross border communities
- ▶ Develop a regional harmonized strategy to take advantage of WTO / TRIPS flexibilities and procurement strategy for essential medicines and goods such as ARVs, prophylaxis, medicines for the treatment of sexually transmitted diseases
- ▶ Harmonize HIV and AIDS Workplace Policies for the various sectors of work in EAC countries
- ▶ Develop guidelines and exchange of best practices in major intervention areas Prevention of Mother to Child Transmission (PMTCT), support to orphans, home based care and treatment
- ▶ Develop guidelines for promoting safe male circumcision
- ▶ Hold partner states accountable for combating gender-based violence including the eradication of female genital mutilation
- ▶ Establish regional 'universal access' to prevention, treatment, care & support targets for all; including children, youth and other vulnerable groups

3.5.4 Strategic Objective 4:

Coordinated EAC access to, use and management of strategic information and knowledge relevant to HIV and AIDS

Strategic Actions:

- ▶ Ensure that updated and strategically relevant data, including regional analysis are available and accessible to EAC leadership, partner states and other partners
- ▶ Develop a regional M&E framework to monitor partner states' performance against national, regional and global level commitments
- ▶ Coordinate regional HIV/AIDS research and information sharing processes; and align evidence-based regional research agendas with existing and future initiatives
- ▶ Consolidate comprehensive reviews of studies and assessments of past and present documented research work from partner states and independent organizations to develop a synchronized information database
- ▶ Harmonize ethical research guidelines
- ▶ Coordinate the collection of data on impact studies of the HIV and AIDS pandemic in key sectors in the region.
- ▶ Establish a regional HIV and AIDS resource centre within the EAC Secretariat

- ▶ Strengthen partnerships with regional level media institutions on HIV and AIDS related reporting

3.5.5 **Strategic Objective 5:**

Strengthened political leadership for accelerated action and scale-up of national and regional responses to HIV and AIDS

Strategic Actions:

- ▶ Develop up-to-date advocacy materials and publications for disseminating important information and regional analyses on emerging policy areas, and of evidence of impacts on social, political and economic development in the region
- ▶ Ensure EALA is regularly updated with relevant information, packaged for elected representatives to effectively advocate for mobilization of resources greater accountability, oversight and monitoring of national, regional and global commitments around HIV and AIDS; and for accelerated regional integration and harmonization
- ▶ Involve the leadership of the EAC in giving high-profile speeches in HIV/AIDS forums and meetings;
- ▶ Mobilize political leaders including Presidents, First Ladies, Vice-Presidents, Ministers, Members of Parliament of Partner States, Members of the East Africa Legislative Assembly, Members of the African Union Parliament, Leaders of Political Parties, local government leaders and former Presidents to provide high-level support to the Strategic Plan as well as political goodwill in the fight against HIV and AIDS
- ▶ Develop a peer review mechanism on HIV and AIDS for partner states

3.5.6 Strategic Objective 6

Consolidated EAC partnerships and coordination functions or effective responses to HIV and AIDS

Strategic Actions:

- ▶ Develop mechanisms for partnership coordination and management with key partners, among other:
 - EAC institutions: Lake Victoria Basin Commission (LVBC), lake Victoria Fisheries organization (LVFO), East Africa Development Bank (EADB) and Inter-University Council of East Africa (IUCEA);
 - EALA and member parliamentarians
 - National AIDS Coordinating Authority Director meetings and forums
 - Regional partnerships with public sector organizations and regional local authority organizations
 - Regional level NGOs – CSO, PLWHA, FBO, Federation of EA trade unions
 - Regional level research and resource institutions
 - Regional bilateral and multilateral donor agencies
 - Regional private sector organizations, EAC business council
 - Regional economic commissions (i.e. SADC, IGAD, COMESA etc), regional initiatives (i.e. GLIA,) and AU
 - Any other organizations deemed relevant by the Council
- ▶ Formalize the establishment of a Partnerships Forum and regular meetings that engage the HIV and AIDS unit of the EAC on a regular basis
- ▶ Develop Memoranda of Understanding with key partners
- ▶ Establish EAC Education AIDS Network responsible for harmonizing policies that protect teachers and children affected by HIV/AIDS
- ▶ Establish an information and database management system for sharing information and networking of partnerships

3.5.7 Strategic objective 7

EAC Workplace policy on HIV and AIDS framework and guidelines operationalised

Strategic actions

- ▶ Promote and protect the rights and dignity of management and employees who are infected and affected by HIV and AIDS, as well as strengthen prevention measures to protect employees who are negative to remain free of HIV infection;
- ▶ Provide management and employees and their families access to HIV/AIDS information and services, including prevention, care, treatment and support to enable them (workers) to take appropriate actions to protect themselves;
- ▶ Mitigate and manage the consequence of the impact of HIV and AIDS on the East African Community as an organization and the wider community;
- ▶ Eliminate stigma and discrimination based on real or perceived HIV status, and,
- ▶ Promote an environment of gender equality, equity and respect among men and women free of sexual harassment or coercion.

Chapter Four – Proposed Institutional Arrangements

4.1 Introduction

A pre-requisite for the success of the HIV and AIDS strategic plan is a clearly defined institutional arrangement that ensures adequate capacity is in place to give effect to the plan. The HIV and AIDS function within the Health Section has a current resource capacity that is insignificant relevant to need, and of necessity, must expand its human resource capabilities if this plan is to succeed.

This chapter focuses on the outcomes of a rapid capacity assessment that was done that informs the kinds of institutional arrangements appropriate to successful execution of the strategy plan.

4.2 Capacity assessment

A rapid capacity assessment of the HIV and AIDS function within the Health Section of the Secretariat of the EAC has found that the current staff complement is not adequate to drive the HIV and AIDS strategy plan. At present there is one professional staff member who is the coordinator of the Health Section and has to manage the other priority health programme areas within the section as well. To support the Coordinator is an Administrative Assistant who has to support administrative functions for the section as a whole. This demonstrates that only a percentage of time has been devoted to driving HIV and AIDS imperatives both within the EAC and in support of member states. In addition, no clear evidence was presented of any specific collaboration efforts from among the many sectors within the EAC, demonstrating that inter-sectoral human and financial resources are not available to the HIV and AIDS function to help drive the imperatives of HIV and AIDS as defined in the EAC Development Strategy 2006 – 2010²³; and in this strategy plan. Finally, when reviewing the current organogram of the EAC, it is clear not only from the organogram but through engagements with sector heads, that HIV and AIDS is not mainstreamed within the organization.

4.3 Recommended institutional arrangements

The recommended institutional arrangements are informed by strategic considerations that reflect a range of challenges confronting the HIV and AIDS function within the Health Section. A coherent HIV and AIDS unit with dedicated staff is proposed as the required institutional arrangement along with designs that must drive a multi-sectoral disposition in the fight against HIV and AIDS.

Strategic considerations

- ▶ The HIV and AIDS function within the Health Section of the EAC fulfils a regional role in driving policy issues, monitoring member state commitments, etc and is not intended to get involved in direct delivery regarding HIV and AIDS, especially at country level
- ▶ The mainstreaming of HIV and AIDS within the EAC in the various institutional forms and in each of the sectors is of paramount importance. The various institutional forms include the Legislative Assembly, EAC Court of Justice, East Africa Development Bank, Lake Victoria Fisheries Organisation, Inter-University Council of East Africa and the Lake Victoria Basin Commission. These are in addition to the sectoral committees in the EAC
- ▶ In order to effect the abovementioned, a pre-requisite to successful mainstreaming will be to achieve political buy-in of the Ministers and General Assembly so that the multi-sectoral and

²³ East African Community - 'EAC Development Strategy 2006 – 2010 Deepening and Accelerating Integration' (4.4.6 pg 39)

multi-dimensional nature of HIV and AIDS is fully appreciated; and concomitant institutional arrangements and actions endorsed at the highest level

- ▶ The institutionalization of resource capabilities is critical to the sustainability of such capabilities; especially in the case where donor agencies make expert resources available to the EAC on a fixed term contract. The proposed HIV and AIDS unit should have a critical mass of its own staff preferably supported by consultant resources from time to time. Longer term consulting contracts in excess of two years should be avoided as far as possible.
- ▶ Many of the sectors that have a direct bearing on interventions related to HIV and AIDS such as the 'Education, Science and Technology Section' and the 'Gender, Community Development, Culture & Sports, Civil Society Section' under the Division 'Social Sectors Development Division' have resources that should be accessible to the HIV and AIDS unit. The recommendation is that the human resources in the various sectors such as the Liaison Office in the Defense Section, must become strong advocates in the fight against HIV and AIDS. The key challenge is building into job descriptions or work commitments, responsibilities related to HIV and AIDS so that there is accountability for work done in this regard
- ▶ It is recommended that the Workplace Policy on HIV and AIDS be driven by the Directorate of Human Resource and Administration in collaboration with the HIV and AIDS Unit
- ▶ Focal persons at country level and within the key institutions of the EAC (such as EAC Court of Justice and the EAC Development Bank) will be an important supplement to the human resources of the HIV and AIDS unit and sectoral resources to help implement the HIV and AIDS Strategy plan. It is recommended that terms of reference be drafted for the identification of focal persons and their specific roles and tasks in helping to drive implementation from the perspectives of these institutions and countries

4.4 EAC HIV and AIDS Unit

The recommendation is that the HIV and AIDS function within the Health Section becomes a fully-fledged HIV and AIDS unit with its own dedicated staff complement and budget. This in line with the imperative of establishing an HIV and AIDS Desk as articulated in the EAC Development Strategy.

Conceptually and given national lessons of where best to locate the HIV and AIDS unit, it is recommended by way of principle that the unit be located in the office in the Deputy Secretary General – Projects and Programmes as this Office Supervises the Cross-cutting programmes and projects such as education, Gender, Labour, agriculture, transport, Tourism etc which require mainstreaming. However, the process to get approval for the relocation of the HIV and AIDS may be protracted, requiring political buy-in and the endorsement of the full Council of Ministers. As a transitional strategy, it is envisaged to take one to two years. This is because it has to be channeled from the technical committee to the coordination committee and through the sectoral council to the finance & administration committee and finally to the council of ministers for final approval. Currently, the decision has only been discussed at technical level.

The HIV and AIDS unit will remain in the Health Section under the leadership of the Principal Health Officer. As a next step in its transition, the unit will seek recognition as a coherent function under the 'Director of Productive and Social Sectors' with the coordinator at the level of a Principal Officer.

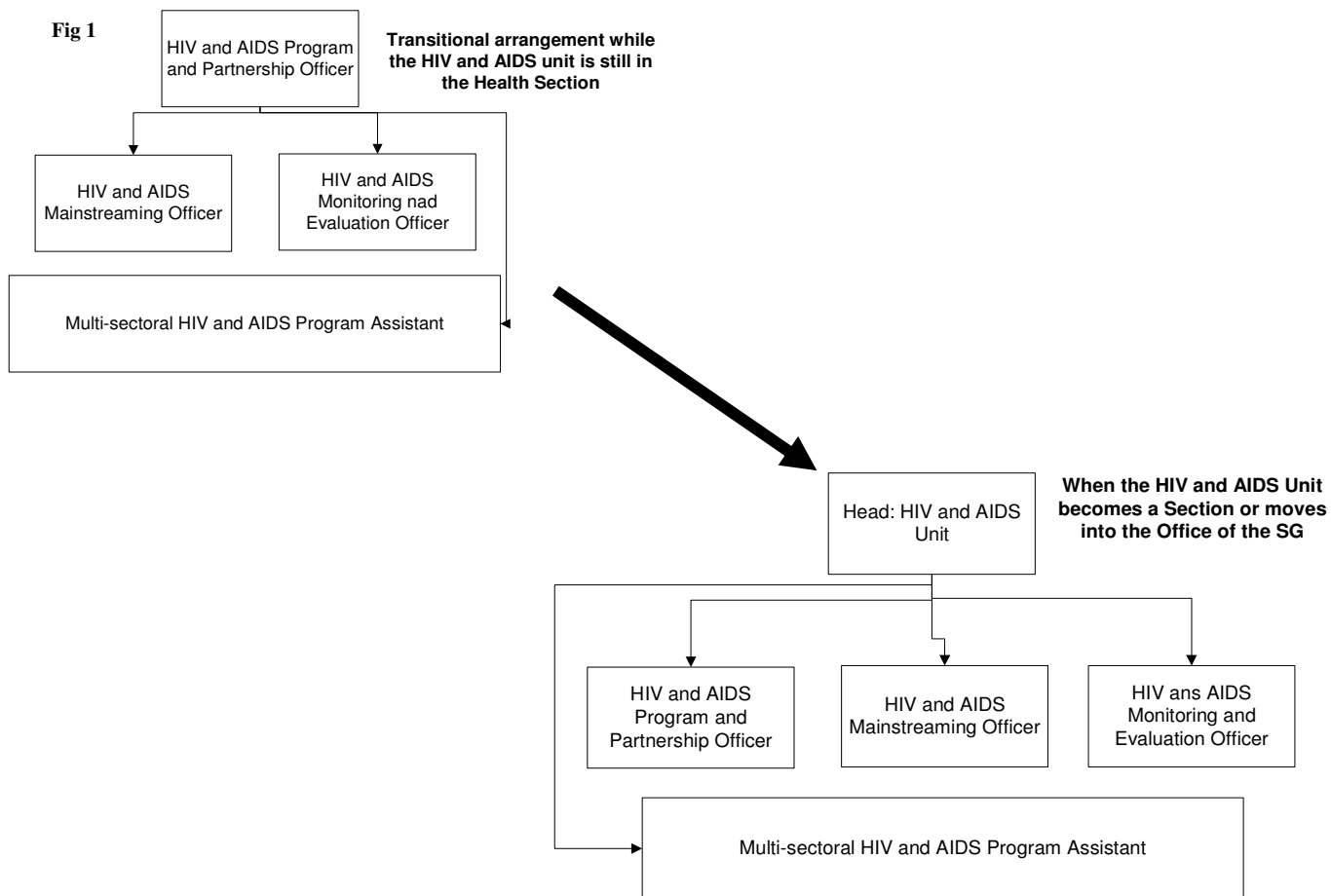
Four full-time professional posts are recommended to be located in the HIV and AIDS unit. The focus of the posts will be emphasis on policy and programme support in the region, premised on the need to harmonize policies and interventions; and to make real the commitments made by Member States. A strong internal mainstreaming focus positioned to help ensure that HIV and AIDS is mainstreamed within the institutional arrangements, policies and programmes of the EAC is needed. There will be a focus on monitoring and evaluation with an emphasis on developing an authoritative knowledge base and repository on HIV and AIDS in the region. A Programmes assistant is recommended given the potential workload at this level based on the assessment that the current administration assistant is overloaded with the other areas of work within the Health Section. The final post is that of a unit Coordinator that will come on board once the unit

is reclassified as a 'Section' under the Productive and Social Sectors Directorate; as part of its transition to the office of the SG.

The posts are the following:

- ▶ **Head - HIV and AIDS Unit**
The Principal Officer will be the unit coordinator and manager and will oversee all the functions under the posts below, will manage the communications infrastructure that includes managing official communication at all levels within the EAC, with member states and with regional partners; and will account for all the deliverables of the unit. The post is recommended at the P3 level of the job grading system used at the EAC. The principal officer it is recommended, should be activated at project inception. Report to P&P and have linkages with the HR & Admin
- ▶ **HIV and AIDS Programme and Partnership Officer**
This officer will drive key policy challenges implicit in the programmes and processes in the region and among member states with responsibilities that include interfacing with CSOs and other partners, coordinating best practices in the region, ensuring harmonization of HIV and AIDS strategies in the region; and facilitating regional and national policy support. This post is recommended at a P2 level in the grading system used by the EAC.
- ▶ **HIV and AIDS Mainstreaming Officer**
This officer will take responsibility for mainstreaming HIV and AIDS in the many sectors and institutions within the EAC by driving advocacy processes aimed at Ministers and the General Assembly, drive the workplace policy within the EAC and advocate for such in the other sectors and institutions of the EAC and among partner states; and ensure that all sectors have mainstreamed HIV and AIDS in their plans, budgets and programmes. This post is recommended at the P2 level in the grading system of the EAC.
- ▶ **HIV and AIDS Monitoring and Evaluation Officer**
This officer will take responsibility for monitoring and evaluation of processes and commitments within the EAC, what happens regionally and recording national level progress and best practices. A documentation and on-line database repository will be set up and managed on responses to HIV and AIDS in the region. This post is recommended at a P2 level in the EAC grading system.
- ▶ **HIV and AIDS Programme Officer**
This post will offer administration and documentation support to the unit. It is recommended at the P1 level.

Please see figure 1 below for the unit structure.



4.5 EAC Multi-sectoral HIV and AIDS Regional Task Force

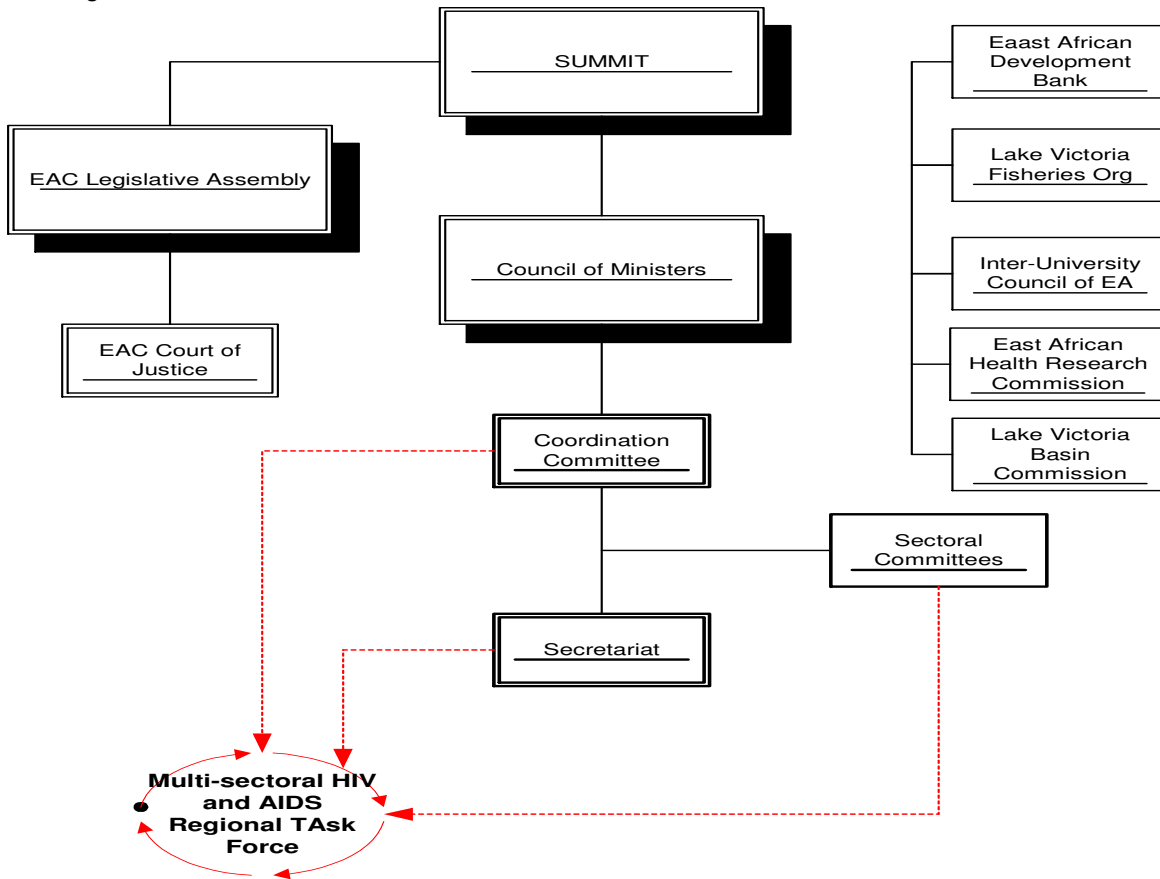
The staffing of the HIV and AIDS Unit is not sufficient to ensure that HIV and AIDS, along with Gender and a rights-based agenda are mainstreamed across the many sectors and institutions within the EAC. What is needed is a multi-sectoral Task Force within the Secretariat, chaired by the Secretary General. The Task Force will meet twice per annum to help ensure that HIV and AIDS gets the priority it deserves and is effectively mainstreamed. The Task Force will consist of the Coordination Committee Chair, Sectoral Committee Chairs; and the Directors of the three Divisions within the Secretariat. In this way the Task Team that is driven by the highest Office within the Secretariat supplements the technical role of the HIV and AIDS Unit within the Health Section. The HIV and AIDS unit will coordinate the meetings of the EAC HIV and AIDS Multi-sectoral Task Force and provide the requisite secretariat services.

The key responsibilities of the task force are to oversee the realization of the entire plan to include, among other:

- ▶ Ensure that HIV and AIDS is factored into the plans and strategies of all institutions within the EAC with clearly defined indicators of success
- ▶ Ensure that the necessary budgetary provisions are in place in the Medium Term Expenditure Frameworks of the institutions for HIV and AIDS deliverables
- ▶ Respond to monitoring reports on progress to date with reference to HIV and AIDS deliverables
- ▶ Address challenges and bottlenecks within the EAC to pave the way for more effective HIV and AIDS responses

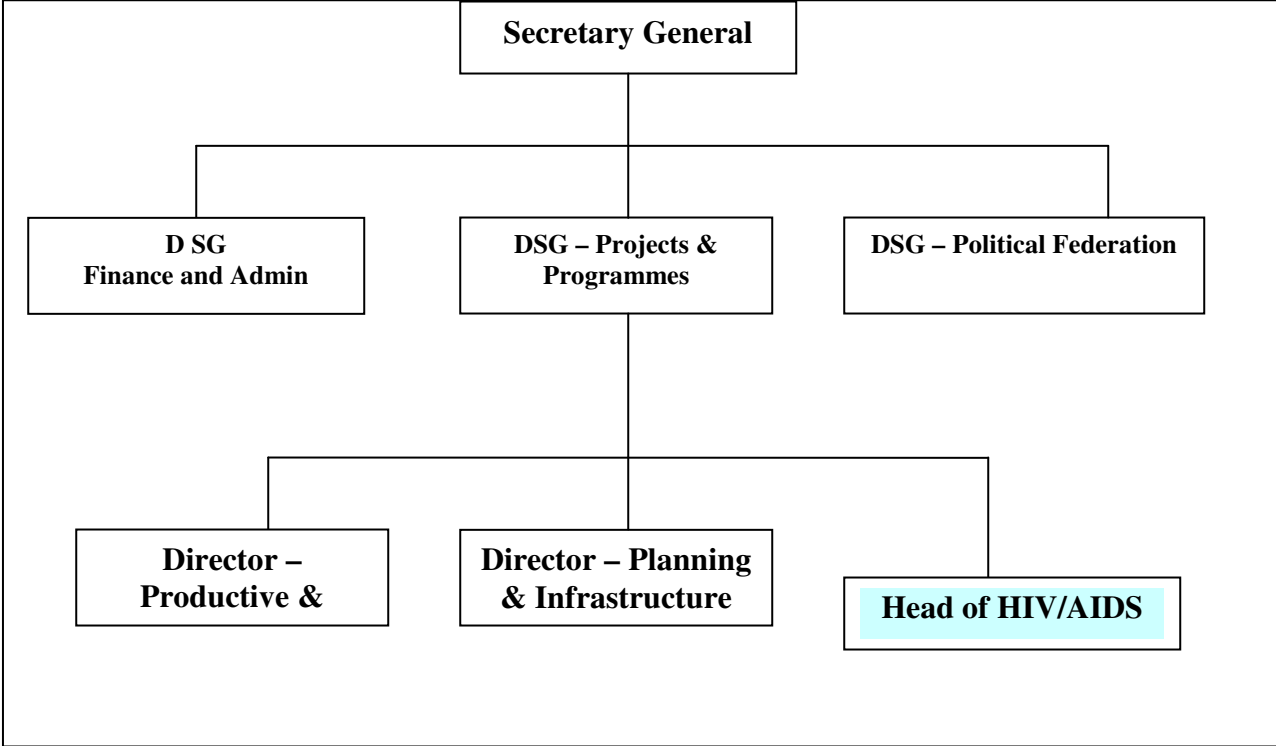
Please refer to **annexure 2** for the EAC organization structure to see the location of the Task Force. In figure 2 is a graphic illustration of the location of the Task Force as described.

Fig 2

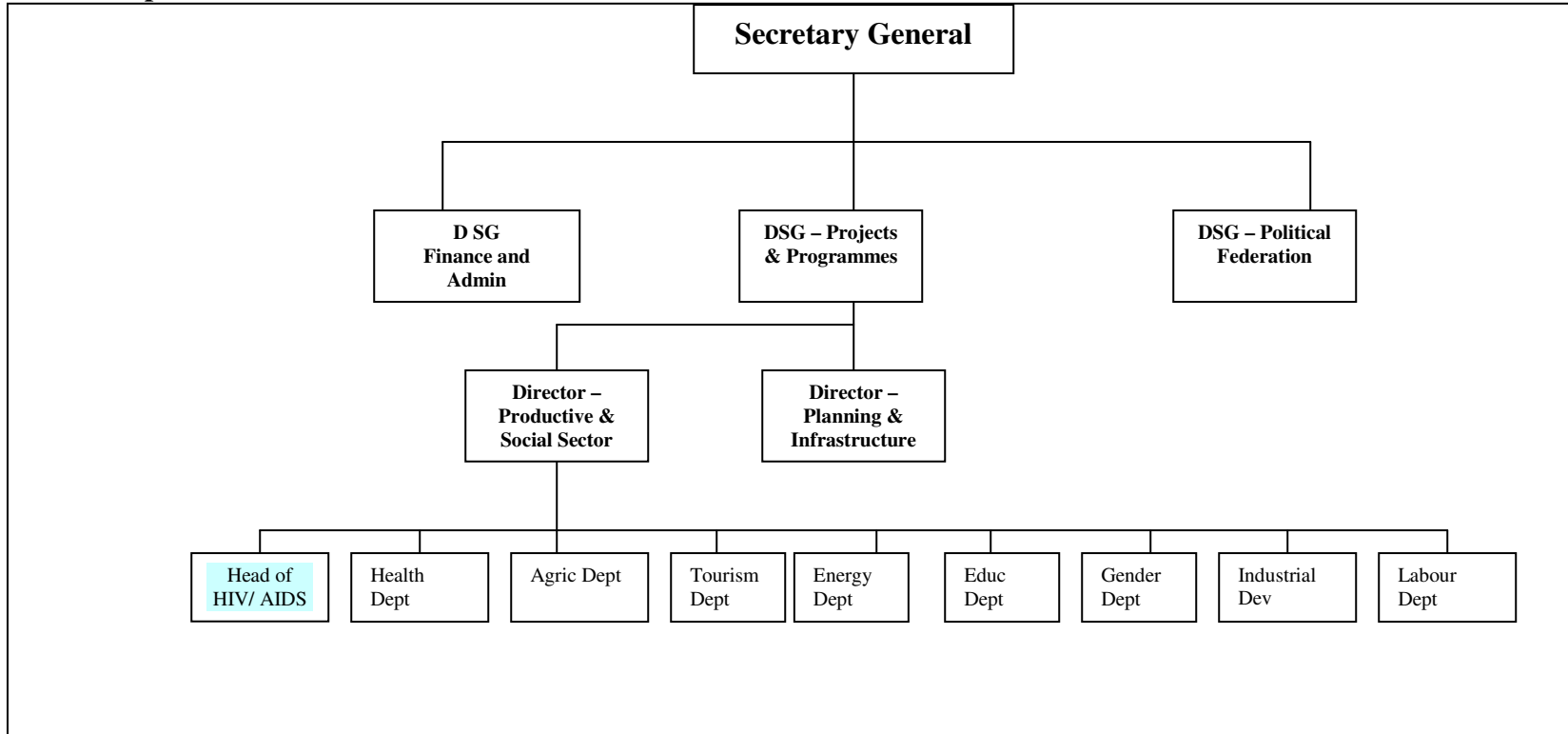


East African Community Organizational Structure

Recommended Option



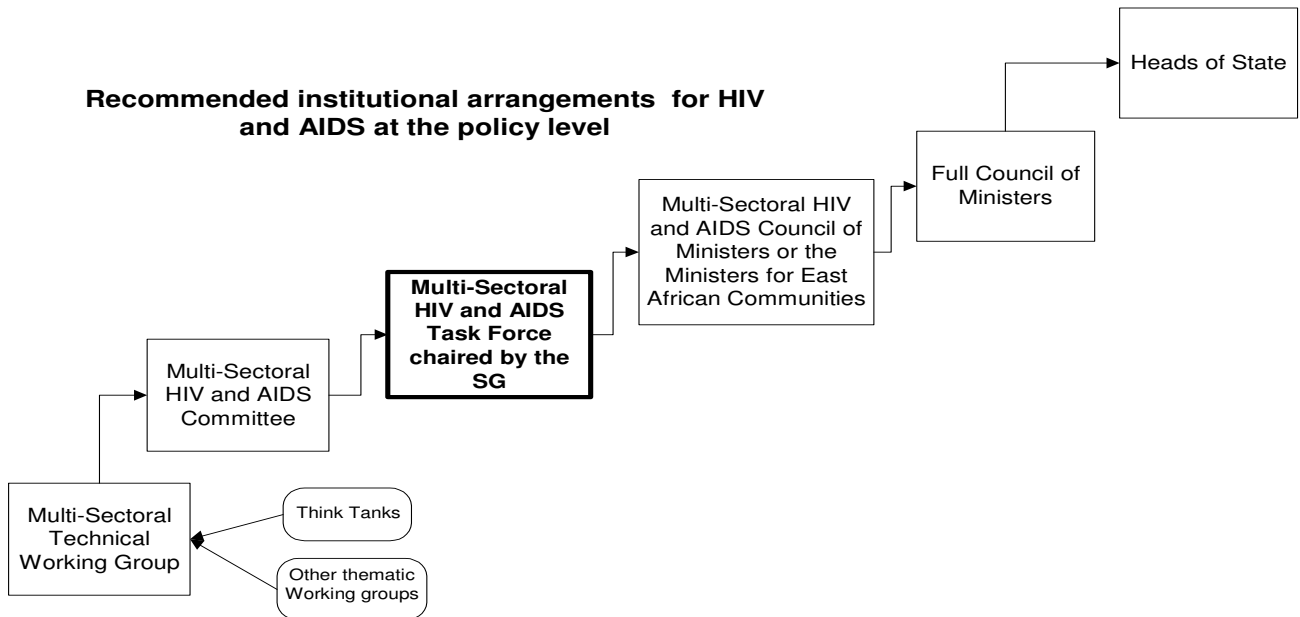
Option1



4.6 Proposed institutional arrangements at the policy level

The current institutional arrangements at the policy level starts with the Multi-sectoral Technical Working Group on STIs and HIV and AIDS that makes submissions to the Sectoral Committee on Health; who reports to the Sectoral Council of Ministers of Health who takes matters to the Full Council of Ministers meeting; and then to the Heads of State. However, this arrangement negates the multi-sectoral concerns and challenges that HIV and AIDS bring to the table as Ministers representing other sectors (and not only Health) need to sit together to address the pervasive impacts of HIV and AIDS. The recommendation from the HIV and AIDS unit involves advocating for changes with the above institutional forms that call for the establishment of a Multi-Sectoral Council of Ministers that the proposed Multi-Sectoral Committee reports to. This Multi-Sectoral Council of Ministers could either be a new arrangement or it could be the 'Ministers for East African Community', the platform that brings all Ministers together in any case. Please see figure 3 below for an illustration of what is proposed.

Fig 3



4.7 Stakeholders' forum

The contributions of Civil Society Organizations (CSOs) and other key stakeholders are critical as CSOs at national level are tasked with implementation and the delivery of services in tandem with their national governments. Often CSOs offer services where governments fail to do so and are therefore important stakeholders in the fight against HIV and AIDS. Regional CSOs are also critical in that they support national CSOs to improve their contributions to their respective national responses to HIV and AIDS. Regional CSOs also pay attention to cross border issues and developments and have access to knowledge repositories and experience that is important for the EAC to cohere and engage. Other key stakeholders such as regional donor organizations, UN agencies and the private sector all have a role to play but it is important that they be brought together to share perspectives on progress made, challenges and opportunities in the fight against HIV and AIDS.

The recommendation is that the HIV and AIDS unit convene a Regional Stakeholders Forum that formalizes strategic level engagements between the EAC and partners at least twice per annum on various aspects and dimensions of HIV and AIDS. This function must be entrenched in the job description of the HIV and AIDS Regional Program and Partnership Development Officer. Furthermore, the participation of the Partnership Forum in the Multi-sectoral Technical Working Group and even the current Sectoral Committee on Health is critical to help inform deliberations that draw on national interventions, developments and practices regarding HIV and AIDS for regional level consideration.

Chapter Five – Operational plans

Introduction

This section covers the operational plans linked to each objective area. The operational plans are defined in terms of strategic actions, a timeline of five years from 2007 to 2011; key results and recommended indicators.

5.1 Operational Plan for 2007

The operational plan for 2007 can be found in **annexure 4** where the emphasis for 2007 will be on establishing the HIV and AIDS unit, recruiting the recommended staff, acquire the necessary information technology and administrative infrastructure, implement the workplace policy; and begin to initiate harmonization and mainstreaming actions. The actions are due to start in the second quarter of the year, depending how fast the funds come through and what posts can be recruited. The plan also has indicative costs attached.

5.2 Operational plans for the next five years

The operational plans for the next five years cover the period 2007 to 2011. However, it must be noted that process related actions were initiated in 2006 including a stakeholders meeting, and the commissioning of consultants to draft the HIV and AIDS strategy framework. These processes and consultations paved the way for the plan as we have it now. The operational plans follow the same template as described above, linking strategic actions to each objective. The five-year operational plan can be found in **annexure 5**.

Chapter Six - Budget

Introduction

This section deals with the indicative budget needed to effect the strategy plan. The budget is informed by the operational plans for the next five years (2007 – 2011) and the plan for 2007.

6.1 Funding Mechanisms

Article 132 (4) of the EAC Treaty states that, “The budget of the Community shall be funded by equal contributions by the Partner States and receipts from regional and international donations and any other sources as may be determined by the Council.” This means that the budget of the Community (excluding financial resources from development partners) has been shared equally between the Republic of Kenya, the United Republic of Tanzania and the Republic of Uganda. Rwanda and Burundi, that have recently joined the EAC, will also be required to contribute accordingly.

Contributions by the Partner States have been supplemented by the support of development partners. The relative contribution of development partners to the Community budget rose from 15 percent in 2002/03 to 24 percent in 2003/04. Please **annexure 3** for the EAC budget and the allocations set aside for HIV and AIDS and reproductive Health.

The EAC Strategic Plan on HIV and AIDS will be funded through the following mechanisms:

6.1.1 Budgetary Allocation from EAC:

As indicated in Table 5.1 below, the total estimated cost of implementing the EAC Health Sector Strategic Priorities over next three years period (2007/8 to 2009/10) is estimated USD \$ **4,040,165**. The cost of implementing the twin components of reproductive health & HIV/AIDS for the same period is estimated at estimated at US\$ **529,600**. (13% of total budget).

The above estimate did not factor in implementation of various strategies stated in the HIV/AIDS Strategic Framework (2007-2010), meaning that the planned interventions will need to be supported through mobilizing funds from outside the Community's current MTEF/Budgetary process. Additional funds outside the budgeted resources have be approved through high-level consultations and agreement.

6.1.2 Joint Financing and Technical Assistance Arrangement (JFTA):

Joint Financing and Technical Assistance Arrangement (JFTA), designed to reduce the transactions cost of the country/regional partners is the preferred mechanisms for external funding from multilateral and bilateral support. The JFA has also been adopted by some partner states including Kenya and Tanzania, in which the Government and Health Donor Working Groups (HDWG), also supporting HIV/AIDS activities, are guided by mutual agreement (Joint Agreement/MOU) for pooling funds together to support joint planned and prioritized strategies/activities.

It is envisaged that the JFTA will bring together certain donor interests that will simply form part of the Development Fund pool of resources. In implementation of this program, SIDA, Irish Aid and Royal Norwegian government will pool their resources together and channel them to EAC as one fund.

In October 2006, EAC Launched a partnership fund aimed at pooling all donor funds into one common account for ease of management and administration. The fund is managed by a steering committee on which all the development partners are represented. It meets biannually

to approve projects for the fund and later to monitor progress. The funds for this program will therefore be channeled through this fund and the joint funding team will be represented at this steering committee.

The funds for this program will be transferred annually against an annual plan and budget. The partnership fund ensures coordination and synergy as it brings together all the development partners.

6.2 Budgets for the operational year 2007

The budget for 2007 is **USD 808,033.00**. Please refer to **Annexure 5** for the 2007 operational plan where the budget figures are reflected as well. Key considerations with regard to the 2007 budget include:

- ▶ Work will need to start as soon as possible and the second quarter of the year seems feasible, although the approval processes within the EAC may take some time
- ▶ The approval processes, signing of the JFA and the transfer of funds with the donor partners involved. Concern is how fast the donors will be able to move to get the necessary agreements signed and money transferred. Any delays will impact on the operational plans defined for the year
- ▶ Focus of the costs will be in setting up the unit, acquiring computer infrastructure and recruiting staff members

6.3 Summary of the five-year budget in USD

A summary of indicative costs is tabulated below with the five-year budget attached as **annexure 6**.

2007	2008	2009	2010	2011
\$ 808,033	\$ 1,211,033	\$1,417,872	\$ 1,222,872	\$ 1,166,652
Total: USD \$ 5,826,462.00				

Notes:

- ▶ The costs for 2007 covers a six month period, allowing time for approval processes and the transfer of funds
- ▶ The main activity is concentrated between the three years 2008 – 2010
- ▶ The proposed Head of the Unit will only be recruited in 2009, hence the rise in costs during this year
- ▶ Contributions by partner states have been indicated although this remains academic at this point
- ▶ Costs for the introduction and implementation of the work place policy is factored into the costs of objective 3

6.4 Contribution by EAC to the budget

The contribution to the indicative budget by the EAC will be 10% of the total cost²⁴. This implies that the EAC will need to invest USD511,855 to the strategic plan. This in turn implies that each partner state will need to make their respective contributions to the value of **USD102, 371** each.

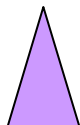
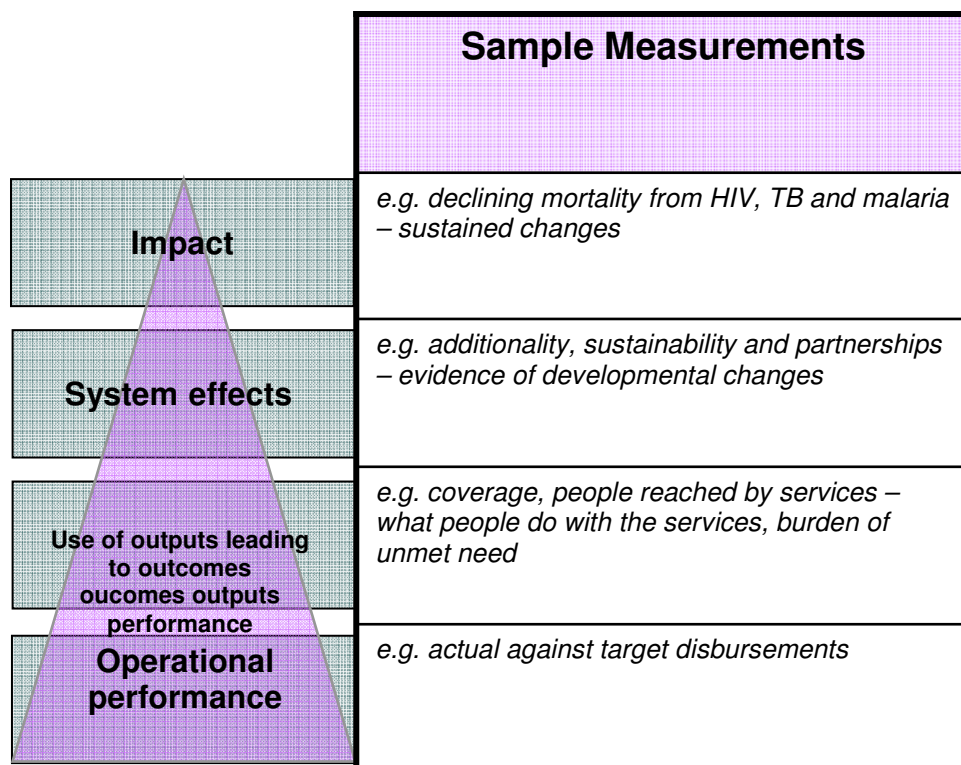
²⁴ Confirmed in a donor meeting held at EAC headquarters by the Deputy Secretary General : Finance and Administration on the 16th March 2007

Chapter Seven – Monitoring and evaluation framework

A monitoring and evaluation process is critical to assess the efficacy of the strategic plan and the extent to which grant funding has allowed the EAC to achieve evidence-based developmental changes in the region and at the national levels. The operational plan for the next five years has already flagged indicators that can be used to test results. However, a more detailed log frame is needed to supplement the operational plan.

Figure 4 below captures the key elements of the M&E framework where a series of different levels of indicators is needed from operations to impacts. Data gathering is key for monitoring purposes but data quality audits are recommended from time to time to test the validity and integrity of the data that the EAC will use to communicate successes and failures in the HIV and AIDS programme. In addition to the development of indicators for a tracking (monitoring) mechanism, it is recommended that there be a midterm review in 2009 and a summative evaluation (2011) of the results and challenges faced by the Unit. In particular, the interest will be the extent to which the objectives with associated strategic actions have been realized.

Figure 4



Expected overall impact of contribution to HIV and AIDS strategic plan if performance meets outcomes anticipated from grant agreements

ANNEX 1 LOGFRAME

Purpose/ Objectives	Expected Results	Indices
<p>Goal Reduced Incidence of HIV/AIDS infection and its Socio-Economic impacts in the East African Region</p>	<ol style="list-style-type: none"> Reduction in new HIV infections in the East African Region Increase in Orphans School enrolments 	<ol style="list-style-type: none"> % reduction in new HIV infections in EAC. % Increase in orphans and Secondary school enrolment.
<p>Purpose To Harmonise HIV/AIDS responses in the East African Region</p>	<p>EAC priority HIV/AIDS (and STI's) policies, protocols and Legislation identified, harmonised and approved by the EAC summit and domesticated by Partner States.</p>	<p>Priority HIV/AIDS (and STIs) policies, protocols and legislation</p> <ol style="list-style-type: none"> Identify and harmnise Approved by the Eac Summit Domsticated by partners states
<p>Objectives <i>Capacity Building</i></p> <ol style="list-style-type: none"> To build the Institutional Capacity of EAC Secretariat to harmonise and coordinate responses to HIV/AIDS within the EAC. 	<ol style="list-style-type: none"> EAC HIV/AIDS unit within EAC Secretariat established and Staffed. EAC Multi-sectoral taskforce on HIV/AIDS mainstreaming established. EAC HIV/AIDS TWG established. 	<ol style="list-style-type: none"> HIV&AIDs Unit fully staffed and operational MTF on HIV & Aids mainstreaming formed nad operational HIV & AIDs TWG established andfunctional.
<p><i>HIV/AIDS Mainstreaming</i></p> <ol style="list-style-type: none"> To Mainstream HIV/AIDS (Human rights and Gender) through all EAC institutions and Sectors. 	<p>HIV/AIDS (Human rights and Gender) mainstreamed in all EAC institutions and Sectors policies, programmes and projects.</p>	<ol style="list-style-type: none"> Responsibilities and accountabiliy for HIV&AIDs (human rights and gender) mainstreaming within institutions and sectors incorporated within staff job descriptions Institutions ad sector HIV&AIDS (human rights, and gender) mainstreaming workplans developed and mlemented.
<p><i>Policy Development and Harmonization</i></p> <ol style="list-style-type: none"> To Harmonise EAC Partner States HIV/AIDS protocols and legislation 	<ol style="list-style-type: none"> EAC priority HIV/AIDS policies, protocols and legislations harmonised and approved by the summit. Increased level of implementation of global, regional and national commitments, declarations, policies, protocols and legislations. 	<ol style="list-style-type: none"> Prority HIV & AIDs policies, protocols and legislation hamonised. Harmonised HIV & AIDS policies, protocols and legislation domsticated by Partner States.

Purpose/ Objectives	Expected Results	Indices
<p><i>Monitoring and Evaluation.</i> 4. To Strengthen coordinated EAC access to Management and use of Strategic information to monitr implementation of the EAC HIV/AIDS strategic Plan.</p>	<p>1. Inegrated (Partner States EAIDSNet, REACH, AMREF/LVBC) EAC HIV/AIDS M & E system developed and in place. 2. EAC HIV/AIDS Research agenda developed. 3. EAC HIV/AIDS peer review mechanism established.</p>	<p>1. integrated EAC HIV &AIDS M&E system operational 2. EAC HIV & AIDS Peer Review Mechanism operational</p>
<p><i>Political Leadership</i> 5. To strengthen political leadership commitment and accountability on accelerated action on implementation of prioritised global, regional and national commitments on HIV/AIDS</p>	<p>Advocacy strategy and programme (on prioritised global, regional and national commitments) for Summit, First ladies, Council of Ministers, Coordination Committee and EALA developed.1</p>	<p>1. Advocacy program implementation 2. County progress monitored by HIV & AIDS Peer review mechanism</p>
<p><i>Partnership and coordination</i> 6. To consolidate EAC HIV/AIDS partnership and coordination function</p>	<p>1. EAC Regional Partnership, NACCs for a established. 2. MOU's with key partners signed.</p>	<p>1. EAC Regional Partnership, NACCs for a established 2. MoUs with key partners signed</p>
<p><i>HIV/AIDS Workplace Policy</i> 7. To operationalise EAC HIV/AIDS Workplace policy.</p>	<p>1. EAC Workplace Policy institutionalised (Legal and Internal accountability). 2. Relevant Partnerships (Clinics, HIV/AIDS awareness NGO's) established. 3. Communication Strategy on the Workplace policy developed.</p>	<p>1. EAC workplace policy institutionalised (llegal, and internal accountability) 2. relevant partnerships (clinics, HIV&AIDs awareness, NGOs)established 3. commnications strategy on the workplace policy developed.</p>

Capacity Building:

1. Establish and Staff EAC HIV/AIDS unit within EAC Secretariat.
2. Establish EAC Multi-sectoral HIV/AIDS taskforce.
3. Establish EAC HIV/AIDS TWG.

HIV/AIDS Mainstreaming

1. Incorporate responsibilities and accountability for mainstreaming into Staff Job Descriptions.
2. Develop HIV/AIDS (Human rights and Gender) mainstreaming guidelines
3. Train institutions and Sectors personnel in HIV/AIDS (Human rights and Gender mainstreaming).
4. Develop institutions and Sector HIV/AIDS (Human rights and Gender) mainstreaming Workplans.

Policy Development and Harmonization

1. Develop priority HIV/AIDS policies, protocols and legislations, guidelines for regional harmonisation and domestication (including existing global and regional commitments)
2. Harmonised prioritised policies , protocols and legislations and guidelines.
3. Develop and implement an advocacy strategy for approval and adoption of harmonised HIV/AIDS Policies, legislation, protocols and guidelines targeting EALA, Coordination Committee, Council of Ministers, Summit, regional NACC and Partnership fora.

Monitoring and Evaluation:

1. Develop integrated (Partner States EAIDSNet, REACH, AMREF/LVBC) EAC HIV/AIDS M & E system.
2. Develop EAC HIV/AIDS Research agenda.
3. Establish a regional HIV/AIDS resource centre within the EAC Secretariat.
4. Ensure updated and strategically relevant data available and accessible to EAC leadership, Partner States and others.
5. Establish partnership with regional media institutions on HIV/AIDS reporting
6. Establish EAC HIV/AIDS peer review mechanism.

Political Leadership

1. Develop a communication strategy for Summit, First ladies, Council of Ministers, Coordination Committee and other EAC Organs and Institutions.
2. Implement peer review mechanism to monitor leadership and commitment.

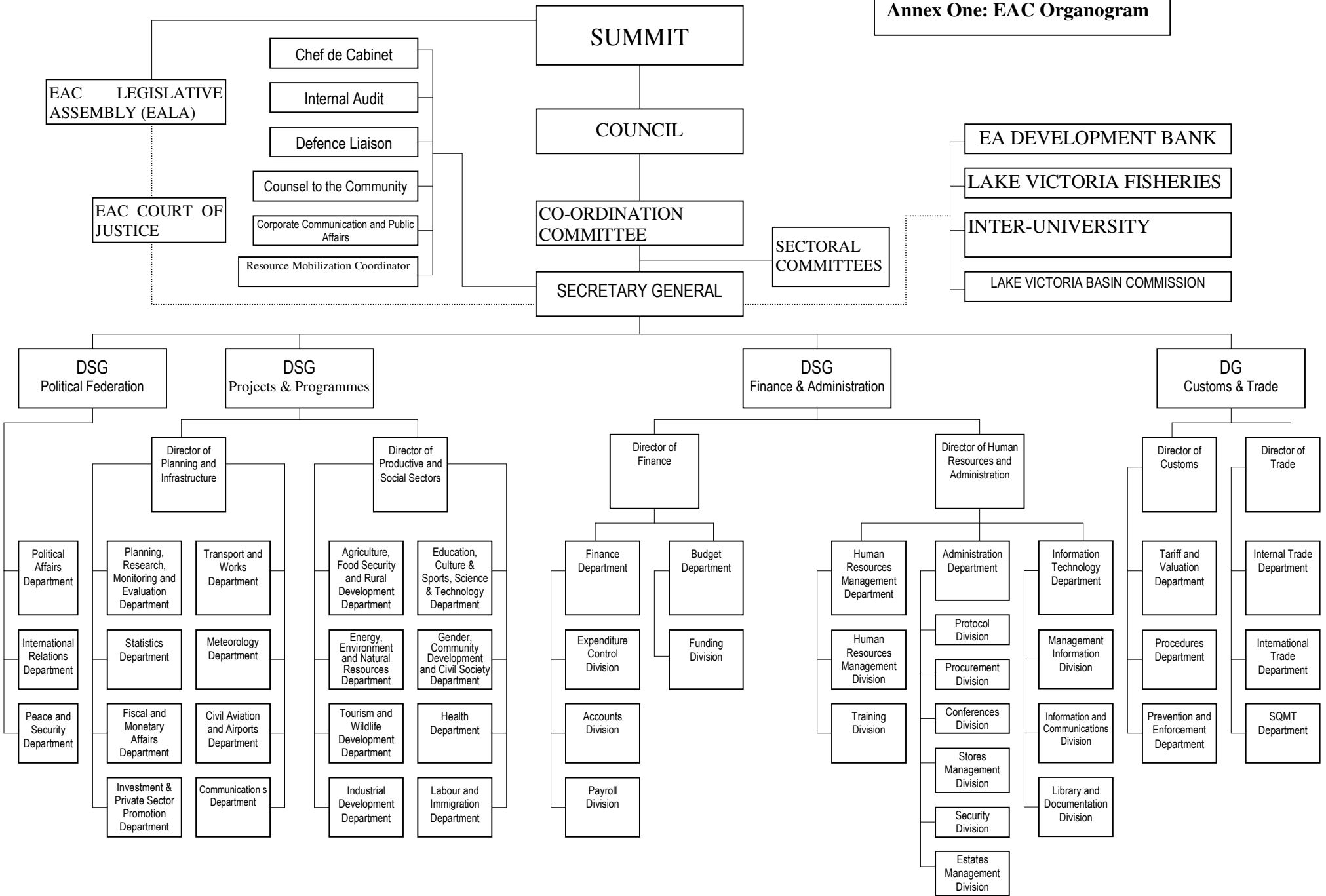
Partnerships and coordination

1. Establish and institutionalise regional HIV/AIDS and regional HIV/AIDS partnership fora, including the development and adoption of constitutions/TOR's for the fora.
2. Develop and sign MOU's with key partners.
3. Hold regular meetings of the Partnership forum.

HIV/AIDS Workplace Policy

1. Institutionalise (legal and internal accountability) the workplace policy.
2. Establish relevant partnerships (with Clinics, HIV/AIDS awareness NGO's).
3. Develop communication strategy on the workplace policy.

Annex One: EAC Organogram



Annexure Two: Progress made by EAC Institutions and Organs

1. EAC Treaty and Mandate on HIV and AIDS: (HIV and AIDS mandate)

The decision to develop the EAC HIV and AIDS Strategic Plan, whose mandate falls under the Health Sector within the EAC Secretariat (under provisions of Article 118 of the Treaty), aims at providing strategic direction towards a regional response to HIV and AIDS

2. EAC Council of Ministers and EAC Sectoral Council on Cooperation on Health:

On 13th September 2001, the 4th Ordinary Session of the East African Community Council of Ministers established an EAC Sectoral Council of Ministers of Health within the institutional framework of the East African Community (EAC) to among other, guide the Council of Ministers on issues related to the initiation and strengthening of regional collaboration in health in East Africa as per the provisions of Article 118 of the Treaty for the establishment of the EAC²⁵. The HIV/AIDS unit falls under the docket of the EAC Health Section.

The regional Sectoral Committee on Health supports the Council. The EAC is already fast tracking the implementation of the provisions of Article 118 of the EAC Treaty as regards regional cooperation on health in East Africa and in this regard, a Health Coordinator has been recruited within the organizational structure of the EAC Secretariat since 1st October 2004.

3. Technical Working Groups on Health :

In order to promote the achievement of the objectives in respect to cooperation in identified priority health activities in the region as set out in Article 118 of the treaty for the establishment of the East African Community (EAC); four standing Technical Working Groups (TWGs) responsible for handling detailed health matters under the Sectoral Committee on Health have been formed, these are:-

- (i) Technical Working Group on the Control and Prevention of Sexually Transmitted Infections (STIs) and HIV / AIDS,
- (ii) Technical Working Group on the Control and Prevention of Communicable and Non-Communicable Diseases,
- (iii) Technical Working Group on Health Research, Policy and Health Systems Development, and
- (iv) Technical Working Group on Reproductive, Child, Adolescent Health and Nutrition

4. EAC Health Sector :

To operationalize the HIV/AIDS Strategic Plan for EAC, it was proposed that a section on HIV/AIDS be created within the Health Section of the Secretariat, with the tacit mandate to plan and manage HIV and AIDS strategies and activities using its own budget line allocations from the EAC itself and external resources.

5. EAC Education Sector

With reference to the multi-sectoral component of the plan, after Health, the EAC education sector has undertaken initial strides towards harmonizing and coordinating its responses to HIV and AIDS in the region. As per the EAC report number: EAC/SCR/M/02/2006 of the Second Meeting of the Sectoral Council on Education, Culture and Sports item 6. i : the Ministers directed the EAC Secretariat to among others, provide a policy framework for effective networking and harmonization of activities of the education sector of the partner states. In the same meeting, the EAC Deputy Executive Secretary in charge of projects and programmes reiterated the secretariat's commitment to a regional response to HIV and AIDS pandemic within the education sector. Subsequently, decision number EAC/CM/13/DECISIONC/37 of the Council of Ministers in November 2006, endorsed the recommendations of the 2nd meeting of the Sectoral Council in their entirety.

²⁵ Report Reference – (EAC/CM4/04/2002) of 13/09/2002

A draft EAC education sector strategic plan is in place. It will be finalized after the availability of synthesized information on responses of the education sectors of partner states to HIV and AIDS, which would identify gaps and needs requiring regional responses.

6. EAC Workplace Policy

A draft EAC workplace policy has been developed, which is offering an HIV prevention package for the staff of the EAC organs and institutions. Also the East African Development Bank has a workplace policy and programme. There is a Safety Stops centre at Malaba border of Kenya and Uganda to provide HIV/AIDS and STIs services to the northern highway corridor travelers and other mobile communities.

7. Other EAC organs, institutions and partners that are critical in needing to have HIV/AIDS mainstreamed include:

- ▶ East African Legislative Assembly
- ▶ East African Court of Justice
- ▶ East African Development Bank
- ▶ Lake Victoria Fisheries Organisation

Some of the key partners include:

- ▶ East African Law Societies (EALS)
- ▶ Federation of Medical and Dentist Association of EA (FEMDA)
- ▶ Forum for East African Nurses

8. Lake Victoria Basin:

With the signing of the Protocol on the establishment of the Lake Victoria Commission, priority will be accorded to its implementation guided by the objective of enhancing the supply capacity in the region, through development of Lake Victoria as a shared natural resource. The Lake Victoria Basin Commission is developing a strategic plan to include a Lake Victoria Basin HIV/AIDS Network that will provide health and HIV/AIDS services to communities living around and transiting through the lake.

9. University interventions: Some universities in the region, such as the University of Nairobi, Kenya and Nkumba (Uganda) have HIV/AIDS policies and have integrated HIV/AIDS in their curricula. Other institutions of higher learning addressing various HIV/AIDS interventions and promoting new research include the Moi University Health Research, Makerere University, and the Muhimbili University College of Health Sciences (Tanzania)

10. Inter-University Council of East Africa (IUCEA)

The IUCEA becomes an effective and all-embracing research and human resource development institution for East Africa. Harmonization and coordination of HIV/AIDS related regional research and development, will be facilitated through entry-points of the IUCEA.

11. Regional Research Institutions

The existing HIV/AIDS research institutions which will play critical roles in EAC research and information networking include, East African Health Research Commission, National Institute of Medical Research (Tanzania), and the Center for Infectious Diseases, among other.

12. Resource Allocation

Within current MTEF budget allocation (2007-2010), the EAC Health Sector has allocated US\$ 529,600 for Reproductive Health and HIV/AIDS response. The external resource in-flows, have also played a major role in providing technical assistance and financial resource support to the tune of 95% in various countries of EAC. Since inception, the EAC, has similarly enjoyed remarkable external resource support for various development projects.

Annexure 3:
Summary of EAC Health Sector MTEF Budget: 2007/8 to 2009/10

Table 5.1.

Health Activities No:	2007/2008	2008/2009	2009/2010	Total Budget (3 Years)
A – Health TWGs	USD \$ 40,000	USD \$ 44,000	USD \$ 48,400	USD \$ 132,400
B – EAC HMIS/IDSR/GIS and ICT (e-Health)	USD \$ 80,000	USD \$ 88,000	USD \$ 96,000	USD \$ 264,000
C – EAHRC/REACH-Policy Initiative/EAC Health Summit	USD \$ 357,000	USD \$ 392,700	USD \$ 431,970	USD \$ 1,181,670
D – Health Training Course	USD \$ 23,500	USD \$ 25,850	USD \$ 28,435	USD \$ 77,785
E – EAC Health Plan	USD \$ 165,000	USD \$ 35,500	USD \$ 50,000	USD \$ 250,500
F – Health Documents	USD \$ 99,300	USD \$ 33,000	USD \$ 36,300	USD \$ 168,600
G - Pharmaceuticals	USD \$ 145,000	USD \$ 159,500	USD \$ 175,450	USD \$ 479,950
H – Health Boards	USD \$ 120,000	USD \$ 132,000	USD \$ 154,200	USD \$ 406,200
I – RH and HIV/AIDS	USD \$ 160,000	USD \$ 176,000	USD \$ 193,600	USD \$ 529,600
J – Disease Control	USD \$ 89,000	USD \$ 97,900	USD \$ 107,690	USD \$ 294,590
I – Trypanosomiasis	USD \$ 77,000	USD \$ 84,700	USD \$ 93,170	USD \$ 254,870
Total	USD \$ 1,355,800	USD \$ 1,269,150	USD \$ 1,415,215	USD \$ 4,040,165

Source: EAC Secretariat Health Sector MTEF Budget 2007/10

Annexure 4: Annual Action Plan for 2007/08 FY

EAC Annual Workplan 2007

Objective 1: Enhanced institutional capacities of the EAC secretariat and that of the partner states to implement regional and national responses to HIV and AIDS		Q1	Q2	Q3	Q4	Cost	Partner/s
Expected results	Activities						
	Translation, Printing and dissemination of strategic plan		X			15,000	
	Hire immediate shorter term technical assistance to support the institutional capacity building stage of the HIV and AIDS function and unit (12 months)		X			40,000	UNAIDS
	Advertise for 4 technical positions		X			5,000	UNAIDS
	Hire/deployment of 4 technical staff: selection, interviews		X	X		10,000	UNAIDS
	Donor partner round table to secure additional longer term sustainable financing for the implementation of the EAC HIV and AIDS strategic plan				X		UNAIDS
	Establish the EAC HIV and AIDS Multi-sectoral Task Force		X				
	Develop an Integrated M&E System to track the implementation of the strategic plan : TA		X			8,000	
	Establish M&E Technical Working Group of EAC and hold one meeting			X	X		
	Develop reader friendly info pamphlet on EAC workplace policy and useful			X		3,000	

Objective 1: Enhanced institutional capacities of the EAC secretariat and that of the partner states to implement regional and national responses to HIV and AIDS		Q1	Q2	Q3	Q4	Cost	Partner/s
	information						
	Implement the EAC Workplace strategy: briefing and information session on content of workplace strategy, information session on specific area related to HIV prevention, testing, treatment			X		1,000	
	Procure equipment for the HIV and AIS unit: 4 desktops, UPS and printers, 2 laptops, software, photocopier		X			25,000	
	Organize a NAC meeting		X	X		6,000	

Objective 2: HIV and AIDS responses mainstreamed through all EAC sectors		Q1	Q2	Q3	Q4	Cost	Partner/s
Expected results	Strategic actions						
	Develop guidelines for the mainstreaming HIV and AIDS in all EAC sectors and institutions			X		5,000	UNDP
	Develop timeline for mainstreaming of HIV and AIDS within all relevant sectors of EAC						
	Undertake one training process with key EAC staff on mainstreaming				X	3,000	
	Mainstream HIV and AIDS in EAC sectors and programs within education				X	12,000	UNDP, World Bank, UNICEF

	Mainstream of HIV and AIDS into responses addressing issues of high mobility populations and humanitarian response				X	15,000	IGAD, IOM, UNICEF, AMREF, UNHCR, OCHA
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Objective 3: Accelerated action towards regional level integration, harmonized protocols, policies, plans, and interventions; and domesticated agreements and legislation in relation to HIV and AIDS		Q1	Q2	Q3	Q4	Cost	Partner/s
Expected results	Strategic actions						
	Review current treatment protocols and provide recommendations how to standardize these to enable comprehensive approaches to treatment, nutrition and care				X	10,000	WHO UNICEF
	Harmonize training guidelines for HIV/AIDS related service providers for coordinated messages regarding prevention			X		20,000	UNAIDS UNPA, EANNASO, NAP+ UNICEF
	Rapid assessment of current policies to address interventions aimed at cross border communities and provide recommendations toward harmonization				X	10,000	USAID, AMREF, Sida, IOM UNICEF
	Develop a regional harmonized procurement strategy for essential medicines and goods such as ARVs, prophylaxis, medicines for the treatment of sexually transmitted diseases			X		20,000	WHO, UNICEF, UNDP, UNFPA, GTZ

Objective 4: Coordinated EAC access to, use and management of strategic information and knowledge relevant to HIV and AIDS		Q1	Q2	Q3	Q4	Cost	Partner/s
Expected results	Strategic actions						
	Rapid baseline survey of national education sector responses to HIV and AIDS in the EAC Partner states				X	25,000	World bank
	Develop a regional M&E framework to monitor national, regional and global level commitments – hire TA to develop				X	15,000	UNAIDS
	Meeting with all NAC and UNAIDS M&E officers to agree on key indicators for M&E framework to monitor commitments by partners states					10,000	NAC M&E officers UNAIDS
	Translation, Printing and dissemination of HIV and AIDS Strategy plan and M&E framework					15,000	

Objective 5: Strengthened political leadership for accelerated action and scale-up of national and regional responses to HIV and AIDS		Q1	Q2	Q3	Q4	Cost	Partner/s
Expected results	Strategic actions						
	Develop information package for EALA on prevention following the prevention think tank meeting outcomes			X	X	10,000	UNFPA, UNAIDS, AMREF, EANNASO UNICEF

Objective 6: Consolidated EAC partnerships and coordination functions or effective responses to HIV and AIDS		Q1	Q2	Q3	Q4	Cost	Partner/s
Expected results	Strategic actions						
	Rapid assessment of key relevant regional partners in the East Africa region			X		5,000	UNAIDS
	Develop ToR for Regional Partnerships Forum			X			UNAIDS
	Hold 1 partnership forum meeting				X	6,000	UNAIDS
	NAC directors meeting					6,000	
	Develop mechanisms (i.e. ToR, Code of conduct, framework for collaboration, MoUs etc) for partnership coordination and management with key partners: (civil society, donors)			X			UNAIDS
	Establish EAC Education AIDS Network responsible for harmonizing policies that protect teachers and children affected by HIV/AIDS				X	5,000	WorldBank, UNICEF
	Develop and maintain a database of strategic partners in the region used as a means to network and share information with them;				X	10,000	
	Organise think tank meetings			X	X	40,000	

Objective 7: EAC Workplace policy on HIV and AIDS framework and guidelines operationalised		Q1	Q2	Q3	Q4	Cost	Partner/s
Expected results	Strategic actions						
	Promote and protect the rights and dignity of management and employees who are infected and affected by HIV and AIDS, as well as strengthen prevention measures to protect employees who are negative to remain free of HIV infection			X	X	5,000	
	Provide management and employees and their families access to HIV/AIDS information and services, including prevention, care, treatment and support to enable them (workers) to take appropriate actions to protect themselves				X	20,000	
	Mitigate and manage the consequence of the impact of HIV and AIDS on the East African Community as an organization and the wider community			X	X	5,000	
	Eliminate stigma and discrimination based on real or perceived HIV status			X	X	5,000	
	Promote an environment of gender equality, equity and respect among men and women free of sexual harassment or coercion			X	X	5,000	
	Administration costs						

Objective 7: EAC Workplace policy on HIV and AIDS framework and guidelines operationalised		Q1	Q2	Q3	Q4	Cost	Partner/s
	Salary Costs						
	HIV Head of Unit (P4 level)						
	HIV and AIDS Regional Programme and Partnership Development Officer (P3 level)			X		33,041	
	HIV and AIDS Multisectoral Mainstreaming officer (P3 level)			X		33,041	
	HIV and AIDS Monitoring, Evaluation and Documentation Officer (P2 level)			X		30,696	
	Programme Assistant (P1 level)			X		26,123	
	Admin cost						
	Communications					15,000	
	Stationary					8,000	
	Office Infrastructure					32,000	
	Rent					36,000	
	Total					465,901	

Annexure 5: Five Year Operational Plan with performance indicators

Objective 1

Objective 1: Enhanced institutional capacities of the EAC secretariat and that of the partner states to implement regional and national responses to HIV and AIDS		2007	2008	2009	2010	2011	Partners	Performance Indicators
Expected results	Strategic actions							
<p>A functional HIV/AIDS Unit established within the EAC secretariat with sustainable funding</p> <p>Multi-sectoral Task Force established with the mandate to drive the mainstreaming of HIV and AIDS within the EAC</p> <p>Partnership forum established that formalizes engagements between partners and the EAC secretariat</p>	Ensure the HIV and AIDS function within the Health Section is transformed into an HIV and AIDS unit with dedicated staff and its budget	▷	▷				Health Section and short term TA	HIV and Aids Unit fully functional
	Secure longer term sustainable financing for the implementation of the EAC HIV and AIDS strategic plan from partner states and donor partners	▷	▷	▷			Secretariat and donor partners	Medium term funding agreements
	Promote and strengthen multi-sectoral coordination of HIV and AIDS within the EAC through the proposed establishment of the EAC HIV and AIDS Multi- sectoral Task Force	▷	▷	▷	▷	▷	Secretariat Coordination Committee and Sectoral Committees	Task Force minutes
	Implement the workplace policy for the EAC in conjunction with the Human Resources Department	▷	▷	▷	▷	▷		HR and Health Section
	Develop an Integrated M&E System to track the implementation of the strategic plan with comprehensive performance indicators, tools and supporting mechanisms	▷	▷				Health Section and short term TA	Monitoring reports from a functional M&E system

	Establish M&E Technical Working Group of EAC to be convened by the EAC Secretariat and involving wider stakeholders;	▷	▷	▷	▷	▷	EAC secretariat and stakeholders	M&E Technical working group minutes
	Create a forum for sharing, promoting and scaling up best practices as well as the outcomes of selected regional, continental and global summits and conferences	▷	▷	▷	▷	▷	HIV and AIDS unit, key stakeholders	Best practice documentation, conference and summit reports
	Establish on HIV/AIDS Desk at the EAC Secretariat	▷	▷	▷			Secretariat, Health Section	Desk established

Objective 2

Objective 2: HIV and AIDS responses mainstreamed through all EAC sectors		2007	2008	2009	2010	2011	Partners	Performance Indicators
Expected results	Strategic actions							
	Facilitate through strengthened capacity, the mainstreaming of HIV and AIDS, gender and human rights within EAC sectors and program areas such as education, agriculture, transport, tourism, gender, labour and culture, defence, high mobility population groups, among other	▷	▷	▷	▷	▷	Institution heads, education Sector leaders and Health Section Ministries responsible for Health	Gap analysis report Monitoring reports on mainstreaming Database A framework for capacity building in HIV/AIDS mainstreaming is in place and implemented
	Facilitate HIV/AIDS mainstreaming among universities and other higher institutions of learning	▷	▷	▷	▷	▷	Secretariat	Evidence of mainstreaming in sector reports
	Develop guidelines for the mainstreaming HIV and AIDS in all EAC sectors and institutions	▷					Sector leaders Health Section	Guidelines adopted Sector reports providing evidence of mainstreaming

Objective 3

Objective 3: Accelerated action towards regional level integration, harmonized protocols, policies, plans, and interventions; and domesticated agreements and legislation in relation to HIV and AIDS		2007	2008	2009	2010	2011	Partners	Performance Indicators
Expected results	Strategic actions							
Evidence of the harmonization of HIV and AIDS responses in legislation, protocols, policies and strategies	Align and integrate HIV/AIDS responses in EAC in line with relevant clauses of the Treaties, Articles and Regulations governing the EAC; with national HIV/AIDS policies and strategic plans.	▷	▷				EAC sector leaders	Evidence of harmonization in policies, legislation and plans
	Harmonize legislation on sexual offences, early marriage, age of sexual consent and deliberate infections	▷	▷	▷			Health Section and relevant sector leaders	Evidence of harmonization in legislation
							Secretariat World Bank	
	Standardize treatment protocols enabling comprehensive approaches to treatment, nutrition and care						Health Section	Evidence of Treatment protocols standardization
	Harmonize training guidelines for HIV/AIDS related service providers	▷	▷				Training providers and Health Section	HIV and AIDS training guidelines
	Align policies to address interventions aimed at cross border communities	▷	▷	▷			Secretariat	Strategies document

Objective 3: Accelerated action towards regional level integration, harmonized protocols, policies, plans, and interventions; and domesticated agreements and legislation in relation to HIV and AIDS		2007	2008	2009	2010	2011	Partners	Performance Indicators
Expected results	Strategic actions							
	Develop a regional harmonized procurement strategy for essential medicines and goods such as ARVs, prophylaxis, medicines for the treatment of sexually transmitted diseases	▷	▷	▷			Health Section and short term TA	Procurement strategy adopted
Effective Implementation of Workplace policy established at EAC Secretariat	Harmonize HIV and AIDS Workplace Policies for the various sectors of work in EAC countries	▷	▷	▷			HR of EAC, Education sector leaders and Health Section	Work place policies adopted
	Develop guidelines and exchange of best practices in major intervention areas Prevention of Mother to Child Transmission (PMTCT), support to orphans, home based care and treatment	▷	▷				HIV and AIDS Unit, UNICEF, key stakeholders	Guidelines adopted Guidelines and exchange of best practices in major intervention areas such as mainstreaming of HIV and AIDS, Prevention of Mother to Child Transmission (PMTCT), support to orphans, home based care and treatment are in place
	Develop guidelines for making male circumcision safe and criminalizing female genital mutilation	▷	▷				HIV and AIDS Unit, UNICEF, TA	Guideline adopted

Objective 3: Accelerated action towards regional level integration, harmonized protocols, policies, plans, and interventions; and domesticated agreements and legislation in relation to HIV and AIDS		2007	2008	2009	2010	2011	Partners	Performance Indicators
Expected results	Strategic actions							
	Establish regional 'universal access' to prevention, treatment, care & support targets for children and youth	▷	▷				HIV and AIDS unit, UNICEF, TA	Universal access targets adopted

Objective 4

Objective 4: Coordinated EAC access to, use and management of strategic information and knowledge relevant to HIV and AIDS		2007	2008	2009	2010	2011	Partners	Performance Indicators
Expected results	Strategic actions							
Regional coordinated research initiatives and documentation center established at EAC Secretariat	Ensure updated and strategically relevant data, including regional analysis is available and accessible to EAC leadership, partner states and other partners	▷	▷	▷	▷	▷	Secretariat	Evidence based data available and accessible
	Develop a regional M&E framework to monitor national, regional and global level commitments	▷	▷				M&E TA	M&E framework adopted

Objective 4: Coordinated EAC access to, use and management of strategic information and knowledge relevant to HIV and AIDS		2007	2008	2009	2010	2011	Partners	Performance Indicators
Expected results	Strategic actions							
HIV/AIDS assessment reviews and studies supported and applied for decision making process	Coordinate regional HIV/AIDS research and information sharing processes; and align evidence-based regional research agendas with existing and future initiatives	▷	▷	▷	▷	▷	Research institutions and secretariat	Research reports
Peer review mechanism on HIV and AIDS established	Consolidate comprehensive reviews of studies and assessments of past and present documented research work from partner states and independent organizations to develop a synchronized information database	▷	▷	▷	▷	▷	Short term TA and Health Section	Review reports
	Coordinate the collection of data on impact studies of the HIV and AIDS pandemic in key sectors in the region.	▷	▷	▷	▷	▷	Research institutions and secretariat	Establishment of HIV/AIDS response partnership within regional and national institutions
	Establish a regional HIV and AIDS resource centre within the EAC Secretariat	▷	▷				Secretariat and media resources (TA)	A regional HIV/AIDS database and information hub established at EAC Secretariat
	Review Member States' national OVC policies and plans in EA Countries (including Rwanda and Burundi) ²⁶ to identify gaps and appropriate actions at regional level including harmonizing policies and planning approaches	▷	▷				Secretariat and short term TA	OVC policies Gaps analyses reports Recommendations reports

²⁶ Current statistics show that there about 2.5 million orphaned children in Rwanda

Objective 4: Coordinated EAC access to, use and management of strategic information and knowledge relevant to HIV and AIDS		2007	2008	2009	2010	2011	Partners	Performance Indicators
Expected results	Strategic actions							
	Encourage the development of a peer review mechanism on HIV and AIDS for partner states	▷	▷	▷			Secretariat and short term TA	Peer review mechanism adopted

Objective 5

Objective 5: Strengthened political leadership for accelerated action and scale-up of national and regional responses to HIV and AIDS		2007	2008	2009	2010	2011	Partners	Performance Indicators
Expected results	Strategic actions							
Advocacy strategy and program involving key global and regional leaders in place	Develop up-to-date advocacy materials and publications for disseminating important information and regional analyses on emerging policy areas, and of evidence of impacts on social, political and economic development in the region	▷	▷	▷	▷	▷	Media resources and secretariat	Materials and publications
	Ensure EALA is regularly updated with relevant information, packaged for elected representatives to effectively advocate for greater accountability, oversight and monitoring of national, regional and global commitments around HIV and AIDS; and for accelerated regional integration and harmonization	▷	▷	▷	▷	▷	EALA and secretariat	Materials for EALA Minutes of EALAA meetings

Objective 5: Strengthened political leadership for accelerated action and scale-up of national and regional responses to HIV and AIDS		2007	2008	2009	2010	2011	Partners	Performance Indicators
Expected results	Strategic actions							
	Involve the leadership of the EAC in giving high-profile speeches in HIV/AIDS forums and meetings;	▷	▷	▷	▷	▷	Leadership within EAC	Content of speeches
	Mobilize political leaders including Presidents, First Ladies, Vice-Presidents, Ministers, Members of Parliament of Partner States, Members of the East Africa Legislative Assembly, Members of the African Union Parliament, Leaders of Political Parties, local government leaders and former Presidents to provide high-level support to the Strategic Plan as well as political goodwill in the fight against HIV and AIDS	▷	▷	▷	▷	▷	Leaders Secretariat	Content of speeches

Objective 6

Objective 6: Consolidated EAC partnerships and coordination functions or effective responses to HIV and AIDS		2007	2008	2009	2010	2011	Partners	Performance Indicators
Expected results	Strategic actions							
Key partners collaboration with the EAC formalized and evident	Develop mechanisms for partnership coordination and management with key partners: (refer to listing of partners of objective under chapter three)	▷	▷	▷			EANNASO, key partners, UN agencies, business sector, regional donors and secretariat	Adopted mechanisms

Objective 6: Consolidated EAC partnerships and coordination functions or effective responses to HIV and AIDS		2007	2008	2009	2010	2011	Partners	Performance Indicators
Expected results	Strategic actions							
	Establish EAC Education AIDS Network responsible for harmonizing policies that protect teachers and children affected by HIV/AIDS	▷	▷				Education sector leaders and secretariat	Education AIDS network policies
	Develop Memoranda of Understanding with key partners	▷					Secretariat and partners	MOUs
	Establish an information and database management system for sharing information and networking of partnerships	▷	▷				IT resources and Health Section	Information and database management system fully functional
	Develop and maintain a database of strategic partners in the region used as a means to network and share information with them;	▷	▷	▷	▷	▷	IT short TA and Health section	Partners database
	Organize regular partnership forum meetings	▷	▷	▷	▷	▷	Secretariat and partners	Partnership forum meeting minutes
	Establish partnership forum						EANNASO, CSOs, business sector, Un agencies, regional donors	Partnership forum meeting minutes
	Establish EAC Education AIDS Network responsible for harmonizing policies that protect teachers and children affected by HIV/AIDS	▷	▷	▷	▷	▷	World Bank Secretariat	Minutes of network meeting Adopted policies Evidence of benefit by teachers and children

Objective 7: EAC Workplace policy on HIV and AIDS framework and guidelines operationalised		2007	2008	2009	2010	2011	Partners	Performance Indicators
Expected results	Strategic actions							
A non discriminatory work environment based on the norms of gender equality, respect and empowerment Employees benefit from the HIV and AIDS related information and services made available by the EAC	Promote and protect the rights and dignity of management and employees who are infected and affected by HIV and AIDS, as well as strengthen prevention measures to protect employees who are negative to remain free of HIV infection; Strategic actions	▷	▷	▷	▷	▷	EAC Secretariat	Staff meeting minutes of the various divisions and sections Number and kinds of complaints
	Provide management and employees and their families access to HIV/AIDS information and services, including prevention, care, treatment and support to enable them (workers) to take appropriate actions to protect themselves;	▷	▷	▷	▷	▷	EAC Secretariat	Records of services offered and utilized
	Mitigate and manage the consequence of the impact of HIV and AIDS on the East African Community as an organization and the wider community;	▷	▷	▷	▷	▷	EAC Secretariat	Staff meeting minutes of the various divisions and sections Number and kinds of complaints
	Eliminate stigma and discrimination based on real or perceived HIV status, and,	▷	▷	▷	▷	▷	EAC Secretariat	Staff meeting minutes of the various divisions and sections Number and kinds of complaints
	Promote an environment of gender	▷	▷	▷	▷	▷	EAC	Staff meeting

Objective 7: EAC Workplace policy on HIV and AIDS framework and guidelines operationalised		2007	2008	2009	2010	2011	Partners	Performance Indicators
Expected results	Strategic actions							
	equality, equity and respect among men and women free of sexual harassment or coercion.						Secretariat	minutes of the various divisions and sections Number and kinds of complaints

Annexure 6 Summary of 5-year budget 2007-2011 in USD

Strategic Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Comments
Strategic Objective 1: Build institutional capacity of the EAC to implement the EAC HIV and AIDS strategic Plan and adequately support partner states. Build capacity of the EAC secretariat and its member states in key areas of implementation of regional and national responses to HIV and AIDS	127,000	80,000	100,000	100,000	80,000	487,000	TA, Forum Meetings, 2 training/year, donor meetings, Hiring of staff, Translation/interpretation, printing, dissemination
Strategic Objective 2: Mainstream HIV and AIDS throughout all EAC sectors, plans and interventions	28,000	60,000	60,000	45,000	25,000	218,000	TA, one regional meeting/year, training, translation/interpretation, travel
Strategic Objective 3: Accelerate action towards regional level integration, harmonization of policies, protocols, plans, interventions; and domestication of existing agreement and legislation in support of country level responses to HIV and AIDS in the EAC region	60,000	150,000	150,000	100,000	80,000	540,000	TA, 2 regional meetings/year, training, translation/interpretation, printing, travel
Strategic Objective 4: Strengthen EAC access to, use and management of strategic	90,000	200,000	250,000	200,000	200,000	940,000	TA, three regional meeting/year,

Strategic Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Comments
information through coordinated research and documentation to better support partner states and monitor the implementation of national, regional and global commitments to HIV and AIDS							training, translation/interpretation, lay out and printing, web development and maintenance, travel
Strategic Objective 5: Mobilize political leadership for accelerated action and scale-up of national and regional responses to HIV and AIDS	10,000	150,000	200,000	150,000	150,000	660,000	TA, meetings, travel, lay out, printing, translation/interpretation,
Strategic Objective 6: Strengthen the development and management of EAC partnerships and coordination functions	26,000	100,000	100,000	80,000	80,000	386,000	Meetings, TA, travel
Strategic Objective 7:	40,000	40,000	30,000	20,000	20,000	150,000	
Sub total	381,000	780,000	890,000	695,000	635,000	3,381,000	
Salary Costs							
HIV Head of Unit (P3 level)			93,239	93,239	93,239	232,285	Per EAC Scale
HIV and AIDS Regional Programme and Partnership Development Officer (P2 level)	87,034	87,034	87,034	87,034	87,034	435,170	Per EAC Scale %
HIV and AIDS Multisectoral Mainstreaming officer (P2 level)	87,034	87,034	87,034	87,034	87,034	435,170	Per EAC Scale
HIV and AIDS Monitoring, Evaluation and Documentation Officer (P2 level)	87,034	87,034	87,034	87,034	87,034	435,170	Per EAC Scale
Programme Assistant (P1 level)	74,931	74,931	74,931	74,931	74,931	374,655	Per EAC Scale
Sub Total	336,033	336,033	429,272	429,272	429,272	1,959,882	
Admin cost							
Communications	15,000	15,000	15,000	15,000	15,000	75,000	Telephone, email, fax, mail etc
Stationary	8,000	6,000	6,000	6,000	6,000	32,000	
Office Infrastructure	32,000	2,000	2,000	2,000	2,000	40,000	5 Computers/UPS/Printe

Strategic Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Comments
Office rent	36,000	72,000	75,600	75,600	79,380	338,580	rs, 1 laptop Software Photocopier Furniture maintenance Escalation of 5% per annum
Sub Total	91,000	53,000	98,600	98,600	102,380	485,580	
Grand Total	808,033	1,211,033	1,417,872	1,222,872	1,166,652	5,826,462	

Annexure 7 Proposed Post responsibilities aligned with objectives

Proposed posts with TOR	Objective 1: Build institutional and secretariat capacity	Objective 2: Mainstream HIV and AIDS at EAC	Objective 3: Accelerate actions towards integration and harmonization	Objective 4: Strengthen EAC access to strategic information	Objective 5: Mobilize political leadership for action	Objective 6: Strengthen partnerships	Objective 7: Implement workplace policy
Head: EAC HIV and AIDS Multi-Sectoral Unit <ul style="list-style-type: none"> ▶ Manage the unit ▶ Manage official communications ▶ Account for all deliverables ▶ Assume advocacy role with partner states across objective areas ▶ Liaise with and advocate political leadership of EAC ▶ Liaise with and advocate partners and partnerships 	○○○○○○	○○○○○○	○○○○○○	○○○○○○	○○○○○○	○○○○○○	○○○○○○
EAC HIV and AIDS Multi-Sectoral Program and Partnership Officer <ul style="list-style-type: none"> ▶ Interim management of the HIV and AIDS unit ▶ Ensure the mainstreaming of HIV and AIDS in regional and national programmes ▶ Interface with civil society and other relevant sectors in the 	○○○○○○		○○○○○○			○○○○○○	

Proposed posts with TOR	Objective 1: Build institutional and secretariat capacity	Objective 2: Mainstream HIV and AIDS at EAC	Objective 3: Accelerate actions towards integration and harmonization	Objective 4: Strengthen EAC access to strategic information	Objective 5: Mobilize political leadership for action	Objective 6: Strengthen partnerships	Objective 7: Implement workplace policy
region <ul style="list-style-type: none"> ▶ Coordinate regional capacity development processes ▶ Establish and facilitate regional partnership modalities and networks ▶ Coordinate best practice sharing among member states ▶ Ensure national HIV and AIDS strategies are harmonized with regional imperatives and cross border developments Coordinate the regional Partnerships Forum							
EAC HIV and AIDS Multi-Sectoral Mainstreaming Officer <ul style="list-style-type: none"> ▶ Mainstream HIV and AIDS in all sector plans and policies of the EAC, including workplace policies ▶ Drive advocacy processes aimed at Ministers and the General Assembly with reference to HIV and AIDS ▶ Ensure vertical and horizontal articulation within the Social Sectors Development Division and across the Projects and Programs Directorate ▶ Ensure all sectors have an understanding of the strategy imperatives and priorities of the HIV and AIDS Function within the Health Section ▶ Coordinate a matrix management system of reporting and accountability that draws on available sectoral human resources who become strong advocates in the fight 	○○○○○○	○○○○○○		○○○○○○			○○○○○○

Proposed posts with TOR	Objective 1: Build institutional and secretariat capacity	Objective 2: Mainstream HIV and AIDS at EAC	Objective 3: Accelerate actions towards integration and harmonization	Objective 4: Strengthen EAC access to strategic information	Objective 5: Mobilize political leadership for action	Objective 6: Strengthen partnerships	Objective 7: Implement workplace policy
against HIV and AIDS;							
EAC HIV and AIDS Multi-Sectoral Monitoring and Evaluation Officer <ul style="list-style-type: none"> ▶ Manage monitoring processes within the EAC, at regional level and among member states regarding HIV and AIDS commitments and programmes ▶ Coordinate evaluation processes in the region ▶ Produce a series of regional monitoring and comparative country reports regarding progress made, challenges and strategic considerations in the fight against HIV and AIDS ▶ Manage the communications infrastructure of the unit with reference to M&E through various forms of media ▶ Manage a documentation centre that captures best practices and represents a regional knowledge repository on HIV and AIDS in the region 	○○○○○○	○○○○○○	○○○○○○	○○○○○○	○○○○○○	○○○○○○	○○○○○○
EAC HIV and AIDS Multi-Sectoral Program Assistant <ul style="list-style-type: none"> ▶ Project administration support to unit staffing ▶ Documentation support to M&E Officer ▶ Manage the resource center under the leadership of the M&E Officer 	○○○○○○			○○○○○○			

Annexure 8

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