

Regional Learning and Linking Forum

2024 FORUM
REPORT



Eastern & Southern Africa
Regional Inter Agency Task Team on Children & AIDS

Engaging policymakers for regional implementation

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ACRONYMS

Acronym	Meaning
ART	Antiretroviral Therapy
AUC	African Union Commission
CSOs	Civil Society Organizations
EAC	East African Community
EHW	Education for Health and Well Being
EGPAF	Elizabeth Glaser Paediatric AIDS Foundation
ESA	Eastern and Southern Africa
EU	European Union
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
NGO	Non-Governmental Organizations
RECs	Regional Economic Communities
RIATT-ESA	Regional Interagency Task Team on Children and AIDS in Eastern and Southern Africa
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SIDA	Swedish International Development Cooperation Agency
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund

1. INTRODUCTION

1.1 Background

Formed in 2006, the Regional Interagency Task Team on Children and AIDS in Eastern and Southern Africa (RIATT-ESA) is a network of organizations working together to influence global, regional, and national HIV and AIDS policy formulation and implementation for children and their families. RIATT-ESA's work is anchored upon three pillars namely care and support; advocacy and social protection. The partners of the network come from regional political and economic bodies; civil society organizations (CSOs); academia; Non-Governmental Organizations (NGOs); International NGOs and United Nations (UN) agencies. Every two years RIATT-ESA in collaboration with its partners convenes a Regional Learning and Linking Forum comprising interactive sessions, panel discussions, and networking opportunities for participants. The forum presents a unique opportunity for Eastern and Southern Africa (ESA) countries and organizations to learn and share their experiences in tackling problems related to HIV/AIDS among children and adolescents in the ESA region.

The fourth edition of the RIATT-ESA Learning and Linking Platform was held from the 25th to the 26th of June 2024, at Protea Hotel Marriot, Johannesburg, South Africa. The 2024 Forum was themed “*Engaging Policymakers for Regional Implementation.*” Convened in a hybrid format, the forum brought together attendees online and onsite, from across the ESA region, and over 20 experts to speak on the progress and current challenges in ending HIV/AIDS among children and adolescents in the ESA region; as well as to build partnerships for sustainable impact. Participants were from organizations such as the African Union Commission (AUC), East African Community (EAC), Swedish International Development Cooperation Agency (SIDA), and many other organizations.

The forum was moderated by a professional consultant in conjunction with RIATT-ESA members. The methodology used in the forum was highly interactive with deliberations and discussions taking place within plenary and breakaway sessions. RIATT-ESA's unique position as a regional influencer and convener ensures that the forum's outcomes contribute effectively to addressing gaps in policies and interventions for children and adolescents in the ESA region.

This year's learning and linking Forum was conceptualized by the Advocacy Technical Working Group chaired by Caroline Zinyemba of EGPAF in collaboration with the RIATT-ESA secretariat.

1.2 Structure and Purpose of the Report

The second section of the report describes the context of the forum by summarising discussions on key gaps and challenges in addressing care and support services for children and adolescents. Section three of the report provides the normative framework of the forum discussions. Section four summarises the discussions of the forum under the following key themes:

- Gender Inequality
- Stigma and Migration for children and adolescents living with HIV
- Technology and Innovations
- Youth Leadership and Engagement
- Faith and Traditional Leaders

The report concludes with section 5 which gives a summary of the way forward for ESA member states, AU and Regional Economic Communities (RECs), RIATT-ESA members, and funding partners. The report also contains the RIATT-ESA 2024 Agenda, the Outcome Statement, and a list of participants in the annexure.

This report was prepared as a resource for the RIATT-ESA Regional Learning and Linking Forum 2024 delegates to refer back to the points that were discussed. It also seeks to help external stakeholders understand the proceedings of the 2024 forum, and the learnings shared. It also builds on the RIATT ESA strategic plan on the need to strengthening the linking and learning in the process of advocacy and programs implementation.

RIATT-ESA Regional Learning and Linking Forum 2024 delegates may find this report a useful tool to aid communication within their organizations and with related stakeholders.

2. CONTEXT

This section of the report describes the context of the forum by summarising discussions from presentations made by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations International Children's Emergency Fund (UNICEF) on key gaps and challenges in addressing care and support services for children and adolescents. It also goes on further to provide a set of promising practices as recommended from each of the presentations.

2.1 HIV Epidemic Overview in the ESA Region

Ms. Cynthia Lungu from the UNAIDS provided an overview of the HIV epidemic in the ESA region. Her presentation highlighted that overall, the ESA region has made good progress in fighting HIV, with 92% of people living with HIV knowing their status, 83% having access to antiretroviral therapy, and 77% being virally suppressed. Individual countries' progress, however, varies significantly. As of 2022, about 20.8 million people in ESA were living with HIV. Of these, 930,000 are children between 0 and 14 years; 12.7 million are women of 15 years and above, and 1.9 million are young people between 15 and 24 years.

Although males are less infected than females, the statistics from the UNAIDS showed that males lag in testing and treatment for HIV/AIDS, and as a result, many of them die. In the ESA region, adolescent girls and young women are particularly vulnerable to HIV, and according to the UNAIDS, they account for approximately 77% of new HIV infections among all adolescents in ESA. The most new HIV infections occur among young women of 20 to 24 years, except in South Africa and Mozambique where young girls of 15 to 19 years are getting infected as can be deciphered in Figure 1.

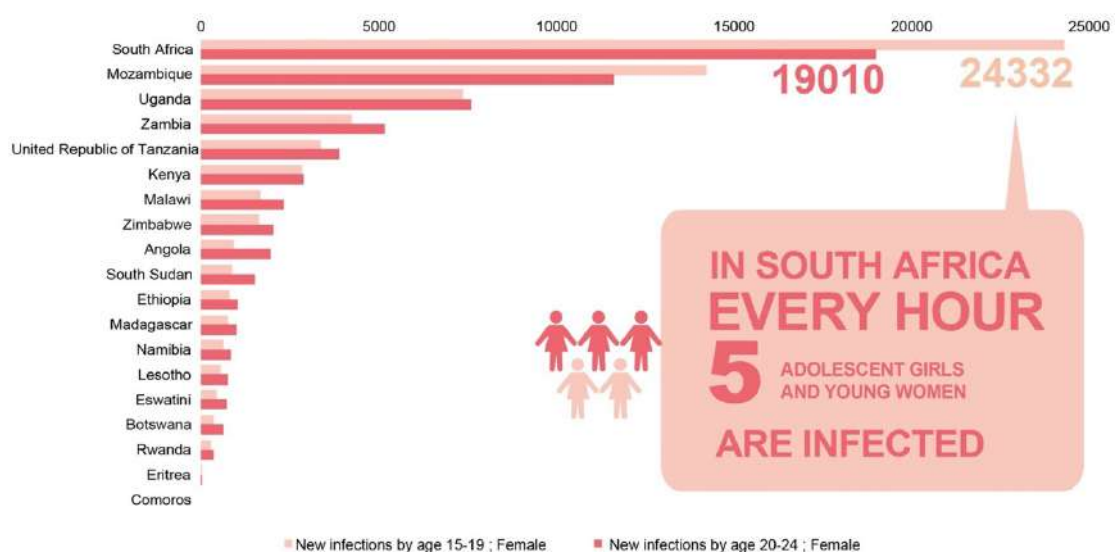


Figure 1: Number of new HIV infections among adolescent girls and young women in ESA, by age (Source: UNAIDS, 2023)

The UNAIDS identified gender inequality as a key driver of HIV/AIDS among adolescent girls and young women in the ESA region. This is due to underlying factors such as economic dependence, power imbalances, harmful socio-cultural norms, and lack of respect for human rights. For example, poverty and lack of economic opportunities may force young adolescents and young women into sex work or relationships with older men for financial support, increasing their HIV risk. Understanding the gendered dimension of HIV/AIDS is crucial for developing programs and policies to combat the epidemic.

Promising Practices

Some of the strategy and programming gaps that still exist in the ESA region include multiple small uncoordinated efforts (making it difficult for programs to be impactful); data gaps (limit impact evaluation); and minimal youth leadership and participation. To counter these gaps, there is a need to:

- Conceptualize, coordinate and collaborate on multi-layered holistic interventions that tackle multiple factors (e.g. gender and inequalities). One good example is the **Education Plus initiative**. This initiative is centred on the empowerment of adolescent girls and young women and the achievement of gender equality in sub-Saharan Africa, with secondary education as the strategic entry point.
- Turn data into intelligence by connecting activity data to results. E.g. the data hub for AGYW, a UNICEF-led initiative.
- Promote youth leadership by keeping the youth at the centre of the design. E.g. the United Movement campaign and the Tripple threat campaign in Kenya.

2.2 Vertical Transmission and Children & Adolescents Living with HIV

UNAIDS estimates that in the ESA region, about 2.25 million new HIV infections in children have been averted since 2010. Moreover, the regional rate of transmission of HIV during pregnancy and breastfeeding has remarkably reduced from 20% in 2010 to 7% in 2022. However, challenges still exist due to gaps contributing to persistent new HIV infections among children in the ESA region. The top causes of vertical transmission are associated with women who never receive ARVs, women who drop out of care, and women who become HIV positive during pregnancy or while breastfeeding. Responses should be tailored to the gaps in the specific setting.

Promising Practices

To close the gaps that contribute to persistent new HIV infections among children in the ESA region, the following are evidence-based practices.

- Know your epidemic- this remains the very best guidance to reach the unreached. Use available data to determine which women are missing out ANC and ARVs.

- Peer support (mentor mothers) accelerates progress across Sustainable Development Goals (SDGs). Results documented when trained and supported young mothers provide support to their peers in facilities and communities include reduced transmission, improved viral suppression, improved partner testing and treatment, improved return to school rates, higher immunization coverage for children, and more.
- Comprehensive multisectoral prevention packages, especially for adolescents, young women and mothers.
- Integrated infant-mother care especially on postnatal and child health platforms.

The presentation by Laurie from UNICEF also highlighted that treatment coverage and outcomes are lower for children and adolescents (64%) as compared to adults (83%) in ESA region. To improve treatment outcomes, there is a need to:

- Support caregivers and children with HIV.
- Promote paediatric viral load testing and child-friendly drug regimens.
- Improve service delivery coverage and quality with child-centred HIV care and treatment.
- Improve case management with multisectoral linkages and referrals.
- Strengthen laboratory and programme data and data management.
- Generate useful evidence to inform programming interventions.

3. NORMATIVE FRAMEWORK

This section of the report provides the normative framework of the forum discussions. Using the AU and the UNESCO frameworks, presenters shared progress and challenges in achieving the 2030 Agenda for sustainable development. First, it describes “*the Africa we want*,” from the lens of Agenda 2063. It goes on to give an overview of the Eastern and Southern Africa (ESA) Ministerial Commitment. The section concludes with a descriptive summary of the AU Continental Strategy on Education for Health and Well-Being (EHW) of Young People, an AU strategy that underscores the critical role of education in achieving health and well-being for all young Africans.

3.1 Agenda 2063: The Africa We Want

Agenda 2063 is a strategic framework developed by the AU to guide Africa’s development from 2013 to 2063. The agenda aims to transform Africa into a global powerhouse of the future, by addressing the continent’s development challenges and outlining pathways for sustainable growth, economic integration, and social progress. Agenda 2063 consists of **seven aspirations** and each of these addresses specific areas of development. Aspiration 6 of Agenda 2063 calls for:

An Africa, whose development is people driven, relying on the potential of African people, especially its women and youth, and caring for children.

Ms Nena Thundu from the AUC shared some of the activities and initiatives that are being undertaken by the AU to achieve Aspiration 6, highlighting engagement with member states as key. There is a need for the AU to work with partners (e.g. local CSOs) so that they can have a better reach out to the communities. One example of such a partnership is the Spotlight Initiative Africa Regional Programme. The **Spotlight Initiative** is a collaboration between the AU, UN and the European Union (EU), that is aimed at ending violence against girls and women and harmful practices like forced, early and child marriages. The initiative has interventions in some African countries, and it augments strategies like the AU’s Gender Strategy, the UN Agenda 2030, and the Maputo Action Plan. In Zambia, the Spotlight Initiative engages traditional leaders as strategic partners in protecting children from violence and HIV/AIDS. The inclusion of traditional and religious leaders in programming helps to ensure law enforcement at the community level.

In addition to engaging with partners like international organizations, CSOs and traditional leaders, the AU also considers it important to engage children and to bring them into the discussions. In August 2024, the AU will be hosting its 4th **African Girls Summit**. The summit usually brings together political leaders, CSOs, traditional leaders, young adolescent girls, and other stakeholders to deliberate on issues pertinent to the development of the African girl child; such as access to formal education, skills training, digital literacy, access to central health, etc. The AU also has a child participation

platform where children aged between 10 and 22 can meet online or physically to share some of the challenges they are facing e.g. drug abuse, child marriages, etc. It also embarks on campaigns and advocacy programs with member states to end injustices like child marriage and female genital mutilation (FGM).

3.2 The ESA Ministerial Commitment

The presentation on the ESA Ministerial Commitment was given by Dr Remmy Shawa, from UNESCO. He gave an overview of the Ministerial Commitment and highlighted the realities that created the need for a renewed Commitment. About 90% of African children are in schools. Education and educational institutions play a critical role in empowering young children and adolescents, and schools are considered to be a protective factor that helps influence the stability of adolescents and shapes their resilience. Schools help provide information on the prevention of HIV to adolescents and children; they help in the fight against early childhood marriages and gender-based violence (GBV) and can bring about the transformation of gender and social norms.

In 2013 the Ministries of Health and Education from 20 countries in the ESA region came together with regional UN organizations to agree on a joint commitment, known as the ESA Ministerial Commitment, with support from the Southern African Development Community (SADC) and the EAC. The ESA Commitment is a significant step towards ensuring that adolescents and young people in the ESA region have access to the information, services, and support they need to lead healthy, fulfilling lives. An evaluation of the 2013 commitment revealed that accelerated efforts were urgently needed to reduce early and unintended pregnancies, and GBV and curb the effect of humanitarian emergencies, such as the COVID-19 pandemic. This further accentuated the need to renew the commitment, through expanding and aligning it with the SDG Agenda 2030. The renewed Ministerial Commitment has 9 key commitments to:

- Ensure access to age-appropriate and culturally relevant sexual education for young people, both in and out of school.
- Address the structural factors like gender inequality, GBV, and poverty that increase HIV/AIDS vulnerability among adolescents and young people.
- Include adolescent and youth-friendly sexual and reproductive health and rights (SRHR) in national Universal Health Coverage packages.
- Connect health, education, and social and support services, positioning schools as entry points for support, protection, and referrals for adolescents and young people.
- Create formal mechanisms for meaningful engagement of adolescents and young people in decision-making and program activities.
- Ensure that interventions at the national level are well-targeted and evidence-based through robust monitoring and evaluation mechanisms.

- Strengthen the role of community organizations and actors to improve engagement and dialogue, including with parents, and traditional and religious leaders.
- Promote the attainment of the ESA Commitment by aligning national policy, program delivery, and budgets with the needs of the youth population.
- Coordinate and support the development of national multisectoral and multistakeholder plans.

The ESA Ministerial Commitment has targets set for 2025 and for 2030. The 2025 targets are shown in Figure 2 below.

TARGET 1	All adolescents and young people are reached with good-quality, age-appropriate and evidence-based sexuality education through in- and out-of-school programmes.
TARGET 2	Adolescent and youth SRHR services are integrated into Universal Health Care packages.
TARGET 3	A functional multisectoral framework is in place to facilitate linkages between sexuality education and youth-friendly SRH and psychosocial services.
TARGET 4	Laws and regulations guarantee full and equal access to both men and women aged 15 years and older to SRH care, information, and education.
TARGET 5	There is an increased number of youth-led organizations, groups, or networks who are regularly engaged and participate in policy- and decision-making processes relating to SRHR.

Figure 2: Targets by 2025 (Source: UNESCO)

Figure 3 shows the targets by 2030. These are long-term and outcome-level targets.

TARGET 6	Fast-track regional and country level actions to reduce EUPs among adolescents and young people aged 10-24 years by 40%.
TARGET 7	Reduce new HIV infections among adolescents and young people aged 15-24 years by 60%.
TARGET 8	Eliminate all forms of violence, including sexual and gender-based violence, against adolescent girls and young women.
TARGET 9	Eliminate harmful practices such as child marriage and FGM among adolescents and young people.
TARGET 10	Establish sustainable financing modalities including direct allocation of domestic resources, innovative financing, and blended financing modalities to mobilize resources to be allocated to all the relevant sectors contributing to the realization of the SRHR of adolescents and young people.

Figure 3: Targets by 2030 (Source: UNESCO)

3.3 The AU Continental Strategy on EHW of Young People

In his presentation on the ESA Ministerial Commitment, Dr Remmy Shawa also briefly spoke about the Continental Strategy on EHW of Young People, noting that it was developed by the AU under the leadership of the Department of Education, Science, Technology and Innovation. The EHW strategy provides a framework for African countries to address the critical issues affecting the health and development of the continent's youth. It serves as a blueprint for RECs and AU member states to implement a collective body of health promotion work for the benefit of learners across the African continent. The strategy was launched in October 2023 after a broad consultative process that occurred at national and regional levels with governments and development partners across sectors between January 2022 and March 2023. The EHW strategy is anchored upon the following 4 pillars:

- i.** Promoting a healthy lifestyle;
- ii.** Disease prevention;
- iii.** Safe, non-violent, inclusive and effective learning environment for all; and
- iv.** Skills-based reproductive health education

The strategy moves beyond looking at HIV/AIDS alone to looking more broadly at the health and well-being of adolescents and young people, including gender and physical activities. Within the strategy, there are different roles and responsibilities for different stakeholders like the AUC, RECs, member states, development partners, CSOs and academic and higher education partners. This strategy aligns with broader frameworks like Agenda 2063 and the SDGs. It emphasizes the importance of education in promoting health and well-being among adolescents and young people.

To ensure sustainable financing and investment on interventions around this strategy in the education sector, there is a need to constantly convince the education sector that they have a critical role to play and a huge responsibility in promoting the health and well-being of young people. There are several sources of funding for the education sector, and some of these are public, private, philanthropist and donor funding. Of these, public or domestic funding represents the most sustainable type of funding. Funding from donors or philanthropists may achieve short and long-term impacts but it is usually unsustainable. This is because it is unreliable as donors may switch priorities. Domestic funding is key, and there is a need to ensure that governments continue to be responsible for looking after their citizens. Governments should thus, be innovative on how they come up with additional funding to implement programs that promote the health of children and adolescents within the education sector.

4. KEY THEMES ADDRESSED

4.1 Gender Inequality

Vulnerability to HIV and the risk of HIV infection vary by population, place, age, sex, risk behaviours and various other factors. The issue of gender inequality was brought to light by the presentation from UNAIDS, at the beginning of the forum. In the presentation, gender inequality was identified as a key driver for HIV/AIDS among adolescent girls and young women in the ESA region.

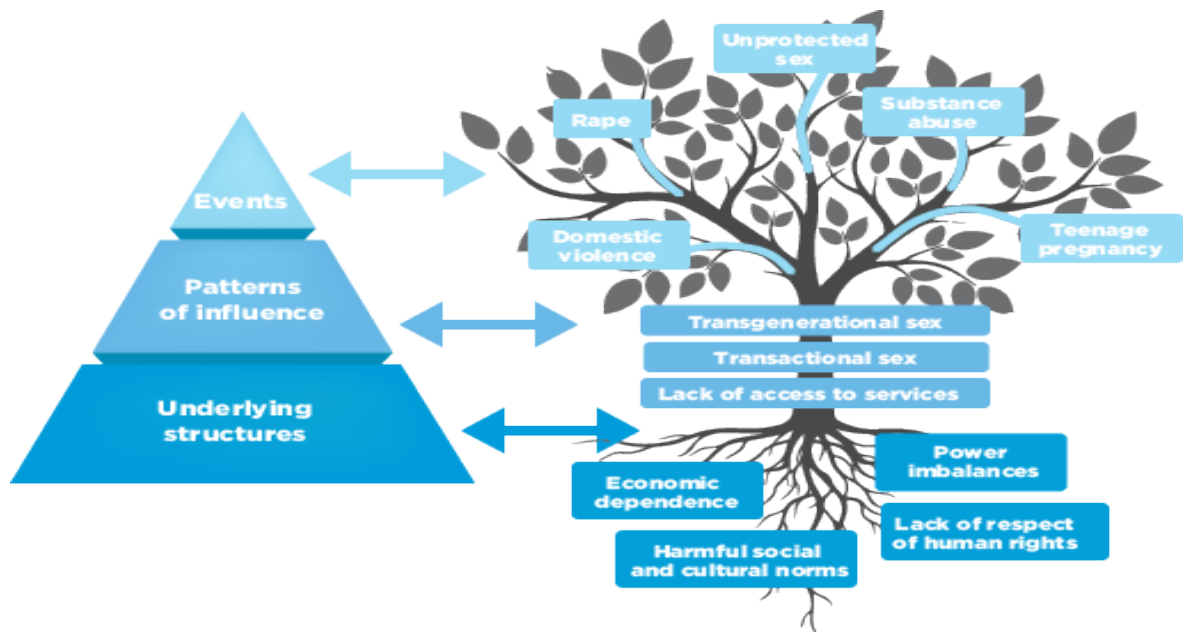


Figure 4: Systems Thinking and the Problem Tree as it relates to gender equality, sexual GBV, and HIV/AIDS (Source: UNAIDS, 2023)

As illustrated in Figure 4, inequalities and inequities stemming from economic dependence, power imbalances, harmful socio-cultural norms, and lack of respect for human rights sabotage adolescent girls and young women's ability and capacity to protect themselves from HIV. Due to economic dependence on male partners, young women are more vulnerable to rape, domestic violence, unprotected sex, transactional sex, teenage pregnancy, and other risky behaviours. Additionally, power imbalances in relationships or gender norms often place women in inferior positions in relationships, making it difficult for them to negotiate safe sex practices, such as the use of protection.

In some other cases, young girls are forced into child marriages due to socio-cultural or religious norms. This results in teenage pregnancies and increases young girls' exposure to HIV/AIDS as they often marry older men who are most likely to be living with HIV. Lastly, GBV increases the risk of HIV transmission, and survivors of GBV are often less able to access healthcare services, due to stigma or fear of further violence from their partners. To address these challenges there is a need for multi-layered holistic interventions that can tackle multiple factors such as gender and other inequalities

among young girls and adolescents, e.g. the **Education Plus** initiative.

4.2 Stigma and Migration for children and adolescents living with HIV

Migrant adolescents are one of the most vulnerable groups in the ESA region. They face significant barriers to accessing HIV prevention, testing and treatment services. The first barrier is intersecting stigma- for example, being an HIV-positive young child or migrant. The second barrier is fear, e.g. of being discovered by officials. Fear is a barrier to accessing prevention, testing and care. There are also fears about contravening social or religious norms as this might result in 'shame and blame.' The third barrier faced by young migrants is institutional stigma. This is a significant structural barrier to accessing health services. Despite protective policies and guidelines in place to ensure access to healthcare for all, health service providers often refuse care to migrants due to their migrant status and/or lack of documentation. As a result, most migrants receiving treatment for HIV access the treatment through non-government sources. The fourth barrier is increased securitization of borders, and this is an issue, especially in Southern Africa which has high levels of migration and the largest population of people living with HIV globally.

To address some of these challenges, there is a need to do advocacy work and action around the need to address documentation access and the growing possibility of statelessness of young migrants related to HIV care. Moreover, HIV/AIDS interventions or programs that work in 'spaces of vulnerability' where migrant youth are known to live, and work should be promoted. Lastly, researchers need to map out organizations that are working with young migrants in the ESA region, and organizations working with young people around HIV and AIDS in geographical areas where migrant youth are found. This will help in integrating migrants into HIV programming and in integrating HIV/AIDS programming into migrant services.

4.3 Technology and Innovations

Technology and innovations play a significant and critical role in the global effort to combat HIV/AIDS, especially among young people. The two can be harnessed to enhance education, HIV prevention, access to healthcare and support services and advocacy efforts to end the epidemic. During one of the plenary sessions of the forum, the following questions were asked concerning innovations:

1. What does innovation mean to different people?
2. What is being innovated? Are we not just throwing the word?
3. How are you approaching it differently from the way it's already being done?

Many of the responses to the questions pointed out the fact that innovations are supposed to be sustainable and scalable. Some noted that the innovation process should be inclusive e.g. of the children or youth. For example, to be inclusive of young people, innovations can incorporate the use

of social media in their interventions and guide the young people in leading the programs. Today, most young people are active users of social media platforms; and they can use the platforms to resolve their issues, e.g. through advocacy. There was also a discussion on the need for governments or the public sector to come up with innovative domestic financing mechanisms for their education and health sectors, without necessarily taxing people.

Dr Stuart Kean, an independent consultant and RIATT-ESA member shared with forum participants the following five criteria for promising or innovative practices. An innovation should:

- Address the needs of beneficiaries
- Be effective and relevant
- Bear fruit in a reasonable time
- Be sustainable
- Be regarded as a promising strategy and be replicable

Innovations presented at the Forum

For technologies and innovations to be effective and relevant, they have to be co-created with- and not for young people. This helps in ensuring their acceptance among the end-users, and for the young people, it contributes to leadership and engagement. The following are three examples of innovations that were presented at the forum:

1. The Talk Book
2. Parenting App
3. KidzAlive Talk Tool App

4.4 Youth Leadership and Engagement

A presentation by the UNAIDS highlighted the lack of youth leadership and engagement as a programming gap in implementing HIV/AIDS interventions among children and young people. Youth leadership and engagement should be at the centre of the designing of HIV/AIDS programs. There is a need to categorize children and young people into different sets of groups (instead of lumping them into one homogenous group); describe the spaces available for them and link them to the available spaces. Policies come to programmers first before they can go to the young people. Therefore, programmers have to engage the youth and ask them where they want to fit. The voices of the young people are what make the programs or policies work. This is because the real suggestions and solutions to the problems faced by young people lie in the hands and minds of the young people. However, when organizations engage young people meaningfully, they should be ready to have radical and uncomfortable conversations with them.



Another issue that came out of the forum discussions in line with this theme is whether there is a model that can be used as a guide to youth leadership and engagement in HIV/AIDS programming. Many if not all countries in the ESA region have nationally endorsed youth and/or child frameworks, that may help guide organizations to understand youth leadership and engagement in their interventions. In most cases, these frameworks, are, however, inadequate as they fail to support youth leadership in HIV/AIDS-related initiatives. Youth's lack of support and financial resources was another area of concern under this theme. Xolani Magongo RIATT-ESA's Ambassador shared some of the challenges faced by *The Youth Stand* (a youth-led initiative) with the forum participants. He indicated that youth lack experience in writing proposals to access funding opportunities. He also added that they do not have enough financial resources to support some of the activities under their *peer support groups* strategy. In conclusion to his presentation, he challenged forum participants to think about ways to meaningfully engage young people in their programs and how to reach out to those who weren't part of the forum.

4.5 Faith and Traditional Leaders

Faith and traditional leaders play a crucial role in influencing policies and practices around HIV prevention, treatment, care, and support, including reinforcement of positive parenting ethos. A presentation made by Dr Stuart Kean highlighted that faith communities are a critical enabler for ending HIV/AIDS among children and young people in the ESA region. They help raise the alarm and awareness about human rights violations such as GBV and other impediments to ending HIV/AIDS among young people. Their work is, however, misunderstood and often constrained by a lack of funding and capacity building for faith leaders. Working in partnership with religious and cultural leaders and engaging them in HIV/AIDS programming and interventions help them to understand the challenges associated with certain religious and/or cultural norms such as FGM, and child marriages. It also helps to ensure law enforcement at the community level against such injustices.

5. THE WAY FORWARD

The rich discussions and sharing of knowledge that occurred during the RIATT-ESA 2024 Regional Learning and Linking Forum culminated into the development of an outcome statement that was shared with participants towards the end of the forum (see Annexure B). The outcome statement emphasizes the need for comprehensive, inclusive, and innovative approaches to address HIV & AIDS among children and adolescents in the ESA region, highlighting the importance of policy support, stakeholder engagement, and sustainable funding. It gave recommendations on the way forward for ESA member states, the AUC and RECs, RIATT-ESA members and funding partners. A summary of these recommendations is given below.

5.1 Way Forward for ESA Member States

ESA Member States should:

- Invest in domestic resources to ensure access to quality HIV services for children and adolescents.
- Prioritize innovation and research for effective policy formulation.
- Ensure accessibility and adaptation of digital technology for HIV/AIDS services.
- Create state-financed platforms for children and adolescents to meaningfully participate in issues that concern them.



5.2 Way forward for the AUC and RECs

The AUC and RECs should:

- Allocate budget funds to enhance children and adolescents' access to HIV healthcare services.
- Develop and disseminate child and adolescent-centred policies and practices in the continent.
- Create platforms for member states to share knowledge and best practices on HIV prevention, treatment, care and support.

5.3 Way Forward for RIATT-ESA Members

RIATT-ESA Members should:

- Advocate for removing barriers to SRHR decisions and access.
- Highlight the urgency of prioritizing HIV and AIDS through research and advocacy.
- Promote innovative models for vertical transmission prevention and paediatric ART coverage.
- Support HIV prevention programs prioritizing human rights and social justice.
- Advocate for sustainable funding for HIV services.
- Strengthen youth advocacy capacity.

5.4 Way Forward for Funding Partners

Funding Partners should:

- Establish long-term funding mechanisms for addressing barriers to HIV services.
- Collaborate with affected communities in designing responsive programs.

ANNEXURE A: FORUM AGENDA

Structure and Methodology

The Forum will be structured to cover the following:

Day 1: Theme – Understanding the Landscape and Current Challenges Moderator: Dr. Musavengana Chibwana Session Chair: RIATT-ESA Advocacy TWG Chairperson & EGPAF's Senior Office- Africa, Public Policy and Advocacy Caroline Zinyemba			
Time	Session	Affiliation	Presenter
07:30-08:55	Registration	RIATT-ESA	Ms. Roseline Hwati Mr. Constantine Mitengo Mr. Xolani Magongo
9:00-9:10	Welcome Remarks	RIATT-ESA Interim Chair and EAC representative	Mr. Morris Tayebwa
9:10-9:45	Opening remarks	SIDA RIATT-ESA Partners & Save the Children CEO	Dorcus Kiwanuka Henriksson Ms. Gugu Xaba
09:45-11:00	Session 1: Setting the Stage for Comprehensive Services AU, and UNESCO frameworks: Progress and challenges in achieving the 2030 Agenda for Sustainable Development Agenda 2063: The Africa We Want. The Eastern and Southern Africa Ministerial Commitment	AU UNESCO	Ms Nena Thundu, Dr. Remmy Shawa
11:00-11:30	Health Break		
11:30-12:30	Session 2: Identifying Key Gaps and Challenges Identifying and prioritizing critical gaps, challenges, and solutions that hinder comprehensive care and support services for children and adolescents	UNAIDS UNICEF ESARO	Ms Cynthia Lungu Laurie Gulaid

<p>12:30-13:30</p>	<p>Session 3: Parallel session (Implementation of projects and programmes)</p> <p>BREAKAWAY SESSION 1: <i>Addressing issues such as poverty, stigma, anti-human rights movements for vulnerable populations, and Children on the move.</i></p> <p>SESSION CHAIR</p> <p>Promoting human rights, quality health, and wellbeing for youth prison populations</p> <p>Exploring the Influence of Intersectional Stigma on ART Adherence for Selected Young Key Populations in Malawi, Zambia, and Zimbabwe: Findings from a Mixed Methods Study</p> <p>EFFECTIVE PREVENTION OF VIOLENCE AGAINST CHILDREN FOR \$6 PER FAMILY: INTERIM RCT FINDINGS OF A DIGITAL PARENTING INTERVENTION IN TANZANIA.</p> <p>Strategies to reach YVP with age-appropriate SRH education and promote Healthy Choices”</p> <p>BREAKAWAY SESSION 2: <i>Structural barriers, Identification of missing children in HIV testing and TB, poor ART adherence, and Viral Suppression</i></p> <p>SESSION CHAIR</p> <p>The role of faith communities to End AIDS in children and adolescents</p> <p>KNOW YOUR CHILD MODEL</p> <p>Psychosocial rehabilitation of Children affected with HIV : A journey from infancy to adulthood- Kura House model</p> <p>The important voices of frontline health providers as we work towards ending AIDS in children, adolescents and young people. Comparative assessment of perceived role overload and its effects on job satisfaction among frontline healthcare providers in 12 African Countries</p> <p>BREAKAWAY SESSION 3: <i>Access to SRHR services among adolescents.</i></p> <p>SESSION CHAIRS</p> <p>ACCESS TO SEXUAL REPRODUCTIVE HEALTH AND RIGHTS IN ALL (AYPs)</p> <p>Sexual and Reproductive Health and Rights among Adolescents and Youth</p> <p>“Youth are experts in what they need”: Experiences and best practice in co-designing and implementing FASTPrEP, a novel PrEP service for adolescents and youth in Cape Town, South Africa.</p>	<p>RIATT-ESA</p> <p>SANOP</p> <p>HEARD</p> <p>University of Oxford in Collaboration with UCT</p> <p>Save the Children South Africa</p> <p>EGPAF</p> <p>Independent Consultant and RIATT-ESA Member</p> <p>Catholic Relief Services Lesotho</p> <p>Rwanda Biomedical Centre</p> <p>PATA</p> <p>RIATT-ESA Child ambassador</p> <p>EGPAF Child Ambassador</p> <p>SITADC YOUTH ORGANISATION & PATA Zambia</p> <p>VSO Zambia</p> <p>Desmond Tutu Health Foundation</p>	<p>Roseline Hwati</p> <p>Mr. Tafadzwa Sekeso</p> <p>Mr. Patrick Nyamaruze</p> <p>Dr. Abigail Ornellas, Professor Lucie Cluver</p> <p>Mr Marumo Sekgobela</p> <p>Caroline Zinyemba</p> <p>Mr. Stuart Kean</p> <p>Fenny Mwamuye</p> <p>Marie-Josée MALIBOLI</p> <p>Dan Lole</p> <p>Brian</p> <p>Xolani Magongo</p> <p>BWALYA LENGWE</p> <p>Mavis Banda</p> <p>Pamela Fuzile</p>
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	KidzAlive Talk Tool App: Transforming paediatric HIV care through purposeful innovation and creative storytelling	ZoeLife (KidsAlive)	Natalie des Fontaine
13:30-14:30	Lunch		
14:30-16:30	Session Chair: SCSA: Mr. Kanukani Mudau		
14:30-15:30	<p>Session 4a: Advocacy session: Policy Dialogue with RECS (Research Studies done by RIATT-ESA and partners)</p> <p>Recommendations from research and how they intend to inform policy gaps.</p>	EAC Independent Consultant	Mr. Morris Tayebwa Dr. Musavengana Chibwana
15:30-16:15	<p>Session 4: Policy Dialogue and Advocacy for Child and Adolescent Services</p> <p>Plenary feedback and discussions</p>	AU EAC GNP+ RIATT-ESA Ambassador NMCF & REPSSI SA Ambassador	Ms Nena Thundu Mr. Morris Tayebwa Anna Sango Xolani Magongo
16:15-16:30	Day 1 Key Highlights and Wrap-up Closing	Independent Consultant and L & L Forum Moderator	Dr. Musa Chibwana

Day 2: Building Partnerships for Sustainable Impact

Moderator Dr. Musavengana Chibwana

Session Chair: Ms. Tabisa Silere-Maqetseba (PATA)

Time	Session 5	Affiliation	Presenter
07:30-08:55	Registration	RIATT-ESA	Ms. Roseline Hwati Mr. Constantine Mitengo Mr. Xolani Magongo
09:00-09:05	Opening remarks and Day 1 reflections	EGPAF & RIATT-ESA Advocacy TWG Co-chair	Ms. Caroline Zinyemba
09:05-09:45	Presentation of identified topics of research and opportunities for policy collaboration	Independent Consultant RIATT-ESA Ambassador	Dr. Musavengana Chibwana Xolani Mgongo
09:45-11:00	<p>RIATT-ESA & Partner Presentations</p> <p>SESSION MODERATOR</p> <p>A narrative review of the impact of stigma and discrimination on migrant adolescents living with HIV in fragile contexts in the East and Southern Africa region</p> <p>Strategic plan to address the issue of stigma and discrimination experienced by migrant adolescents living with HIV and AIDS in the region.</p> <p>Inching Towards the Finish Line: Galvanizing Political good Will to End AIDS in Children - Lessons and Experiences from Kenya</p> <p>Available, Affordable, Quality, and Inclusive Childcare in Africa: A Case of National Dialogue</p>	<p>RIATT-ESA Independent Consultant</p> <p>RIATT-ESA Independent Consultant</p> <p>EGPAF</p> <p>AfCEN</p>	<p>Dr. Glynis Clacherty</p> <p>Dr. Rebecca Walker</p> <p>Ms. Charity Mureithi</p> <p>Given Daka</p>
11:00 11:30	Health Break		
11:30-12:30	<p>Session 6: RIATT-ESA Strategic Plan (2023- 2027), How themes of the L & L forum relate to the strategy and what members will be implementing according to the 4 strategic pillars</p>	Independent Consultant and L & L Forum Moderator	Dr. Musavengana Chibwana
12:30-13:30	<p>Session 7: Way Forward Session, Highlights, Review, Reflection and Closing Ceremony</p> <p>Strengthening a Movement with Regional-level Stakeholders: Bridging Gaps between RECS, Academia, Policy makers, Research Institutions, and Civil Society Actors</p> <p>Regional-level stakeholders respond to advocacy priorities identified from discussions with policymakers and support needs: academia, research institutions, and civil society actors</p> <p>Building a movement for comprehensive well-being and collaboration with new policies (Focusing on recommendations for policy gaps and identifying a movement)</p>	RIATT-ESA Interim Chair & EAC Representative	Mr. Morris Tayebwa

13:30-14:30	Lunch		
14:30-15:30	Session Chair: (RIATT-ESA Interim Chair & EAC Representative: Mr. Morris Tayebwa)		
14:30-15:30	RIATT-ESA's Partner's Meeting and Reviving Membership RIATT-ESA, Steering committee meeting and Housekeeping	RIATT-ESA Interim Chair	Mr. Morris Tayebwa

The forum will comprise interactive sessions, panel discussions, and networking opportunities over two days. It will focus on reviewing progress, identifying challenges, fostering policy dialogue, and building partnerships for sustainable impact. RIATT-ESA's unique position as a regional influencer and convener will ensure that the forum's outcomes contribute effectively to addressing gaps in policies and interventions for children and adolescents in the ESA region.

ANNEXURE B: OUTCOME STATEMENT

PREAMBLE

- 1. WE**, the members and partners of RIATT-ESA, gathered in Johannesburg, South Africa, from 25 to 26 June, 2024 and joined by the African Union Commission and the East African Community;
- 2. NOTING with appreciation** that Member States in eastern and southern Africa (ESA) have ratified relevant international and regional instruments inter alia, the African Charter on the Rights and Welfare of the Child, the Convention on the Rights of the Child, the African Charter on Human and Peoples' Rights as well as its Protocol on the Rights of Women in Africa, the Convention on the Elimination of all forms of Discrimination Against Women, the African Youth Charter all relevant to sexual and reproductive health and rights of adolescent and children;
- 3. COMMENDING** the progress which Member States in ESA have made in promulgating progressive laws and policies to ensure access to sexual and reproductive health services and information for children and adolescents living with, at risk of, or affected by HIV & AIDS in Eastern and Southern Africa;
- 4. CONCERNED** however that complacency is creeping into our Member States, causing regression on the gains made on sexual and reproductive health and rights of adolescent children resulting in adolescents and children to suffer numerous violations of their sexual and reproductive rights as provided for in the relevant human rights instruments;
- 5. IDENTIFYING** the systemic barriers that hinder all children and adolescents living with, at risk of, or affected by HIV & AIDS in Eastern and Southern Africa's access to HIV prevention, treatment, care and support services, due to failure to consider the relevance and impact of diversity, including gender, age, and other characteristics that add to vulnerability;
- 6. RECOGNISING** the distinct gendered impacts of HIV and AIDS on key populations and different sexes, where girls and women are disproportionately impacted by the lack of prioritisation of HIV access to prevention, treatment, care and support for all children and adolescents living with, at risk of, or affected by HIV & AIDS in Eastern and Southern Africa;

7. **FURTHER RECOGNISING** the crucial role that faith and traditional leaders play in influencing policies and practices around HIV prevention, treatment, care and support, including reinforcement of positive parenting ethos;
8. **UNDERSCORING** the need for SRHR services to be of acceptable quality using the integrated service delivery approach undergirded by the life cycle approach;
9. **APRECIATIVE of** the fact that children and adolescents have agency and therefore interventions for them should recognize the heterogeneity of children and adolescents and invest in co-creation of content and program design.
10. **ACKNOWLEDGING** that SRHR interventions need to have a transboundary approach in program designing and implementation for the full protection of children and adolescents on the move;
11. **AFFIRMING** the importance of innovation that builds on contextually relevant existing exemplary practices that address expressed need of communities in a sustainable way, whilst embracing the dynamism of technology and artificial intelligence to co-create with all children and adolescents in all contexts of vulnerability;
12. **EMPHASIZING** the need for meaningful involvement of children and adolescents in addressing issues that affect them through inter alia co-creation of content and designing of programs, by creating and strengthening platforms for the young people to be able to address issues that concern them;
13. **RECOGNISING** the importance of collaboration and partnerships between governments, relevant African Union organs, Regional Economic Communities, academia, civil society organisations, like minded networks, children and adolescents in delivering HIV access to prevention, treatment, care and support for all children and adolescents living with, at risk of, or affected by HIV & AIDS in Eastern and Southern Africa;



WE HEREBY:

Urge Member States in ESA region to:

1. Invest in public and local resources to ensure that all children and adolescents access tailor made, quality and acceptable HIV prevention, treatment, care and support
2. Prioritise innovation and research for empirical policy formulation and response to emerging issues that affect HIV access to prevention, treatment, care and support for all children and adolescents living with, at risk of, or affected by HIV & AIDS in Eastern and Southern Africa;
3. Ensure that digital technology is accessible and adapted to local context and harnessed efficaciously in HIV prevention, treatment, care and support.
4. Create state financed platforms for children and adolescents to meaningfully participate in issues that concern them.

Call on the African Union Commission and RECs to:

1. Earmark funds in their budgets to address HIV prevention, treatment, care and support for all children and adolescents explicitly.
2. Foster the development and dissemination of child and adolescent-centred policies and practices throughout the continent.
3. Create a platform for shared learning on innovative and exemplary practices amongst member states and partners on HIV prevention, treatment, care and support.

Urge RIATT ESA members to:

1. Lobby for removal of political, cultural, social and economic barriers so children and adolescents are able to make decisions about their bodies; including eliminating child marriage and gender-based violence, ensuring that people have access to SRHR information, education and access to quality integrated SRHR services (including contraceptives, and prevention and treatment of sexually transmitted infections (STIs), including HIV);
2. Amplify the urgency of prioritising HIV and AIDS through robust research, advocacy, and documentation of exemplary practices.
3. Advocate for the scaling up of prevention of vertical transmission and pediatric ART coverage in a stigma-free environment, using innovative models of service delivery.

4. Promote HIV prevention programs targeting children and adolescents in locations with high HIV incidence and prevalence giving priority to solidarity and equity and making human rights, health rights, gender equity and social justice fundamental principles.
5. Spearhead persistent advocacy efforts to establish sustainable funding streams to HIV prevention, treatment, care and support.
6. Strengthen the capacity of adolescents and children on advocacy to amplify their voices for their own cause

Implore funding partners to:

1. Establish long term and flexible funding mechanisms in addressing political, cultural, social and economic barriers so children and adolescents are able to access HIV prevention, treatment, care and support services.
2. Joint creation of call for proposals with affected children, adolescents, communities and local organisations in designing efficacious programs that respond to contextually relevant HIV and AIDS challenges.



ANNEXURE C: LIST OF ONSITE PARTICIPANTS



IN-PERSON ATTENDANCE 25 JUNE 2024


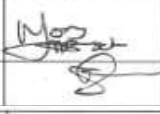





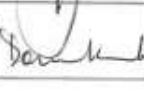




REGIONAL LEARNING & LINKING FORUM 2024, PROTEA HOTEL BALALAIKA, SANDTON JOHANNESBURG, SOUTH AFRICA

Name & Surname	Gender	Contact Details	Name of Organisation/ Affiliation	Presenter/ Attendee	Paid for Forum Attendance?	Would you be interested in being part of the RIATT-ESA network?	Contact Details of Organisation for follow up purposes.	Contact Person
Nathie des Fontaine	Female	084514188	Zoe-Life	Presenter	Not yet	Yes	063 6916150	Nokuthi Hooch
Fuzile Pamela	Female	0604537109	DTHF	Presenter	NOT yet	Yes	0604537109	Pamela Fuzile
Mashadi Kekons	Female	079 280489	PATA	Attendee	Yes	✓		
MARUMO SETHSIBEI	MALE	066						
Fenny Mwachuye	Female	+266 56330132	Catholic Relief Services	Presenter	Not yet	✓	+266 56330132	Fenny Mwachuye

Go RADIATION	M	267 722454	HIGH FIVE					
Costan Kanchele	M	+260 977 468 822	FAWEZA	Attendee	+260 977 468 822	✓		
Ivy Mutwale	F	+260 966 744965	FAWK ZAMBIA	Attendee	+260 966 744965	✓		
Dan Lote	M	0911030732	PATA	Presenter			banekampak.org	
Mavis Banda	F	+260 973 092284	VSO	Presenter			mavis.banda@vso.org	Mavis Banda
Gyrlus Lungu	F	27744683 788	UNAIDS	Presenter			lungu@unaids.org	Gyrlus Lungu
Costan Kanchele	M	+260 977 468 822	FAWE ZAMBIA	Attendee				
Paidameyo Magaya	F	+263 782 7022 74	Global TB Caucus	Attendee	-	Yes	paidameyo.magaya@globaltbc caucus.org	
Hon Dr Christopher Kadilla	M	+260 969 506462	Global TB Caucus	Attendee	-	Yes	ckadilla@yahoo.com	

REGISTRATION FORM FOR DELEGATES & NON-PAYING MEMBERS: 25 JUNE 2024

REGIONAL LEARNING & LINKING FORUM 2024, PROTEA HOTEL BALALAIKA, SANDTON JOHANNESBURG, SOUTH AFRICA

Name & Surname	Gender	Contact Details	Name of Organisation/Affiliation	Presenter or Attendee	Contact Details of Organisation for follow-up purposes.	Contact Person
MARUMO SEPSJSELA	M	0661514257	SCSA	Presenter	0661314207	MARUMO
Thus a Chubnan	M	0688254533		Presenter		
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Caroline Zinyenda	F	+263 70 257022	ESPAF	Presenter		Caroline
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Remmy Jew	M	+27 82909	UNESCO	II		
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Louis Maluwa	m	0783911063	REPSI	Attendee	0783911063	
Sooch Mabasa	F	063992803	SCSA	Attendee		
Celeste Makasa	F	079549182	REPSI	Attendee	Celeste.makasa@repsi.org	
Makamuelo Malcape	F	6733410290	REPSI	II	Makamuelo.Malcape@repsi.org	
Teresa Sango-Page	F	0788571979	PATA	II	teresa@teampata.org	
Dr. Henrik K. Henriksen	F	0718586630	Embassy of Sweden		henrik.k.henriksen@gov.se	
ANNAH SANGO-PAGE	F	263 71 4669 310	GNP+	PRESENTER	asango@gnpplus.net	
Abigail Okweilas	F	ABIGAIL.OKWEILAS@ACCELERATEHUB.ORG	UCT/OXF	Presenter		

REGISTRATION FORM FOR DELEGATES & NON-PAYING MEMBERS: 26 JUNE 2024

REGIONAL LEARNING & LINKING FORUM 2024, PROTEA HOTEL BALALAIKA, SANDTON JOHANNESBURG, SOUTH AFRICA

Name & Surname	Gender	Contact Details	Name of Organisation/Affiliation	Presenter or Attendee	Contact Details of Organisation for follow-up purposes.	Contact Person
Mashadi Kekana	F	079 280 439	PATA	Attendee	mashadi@learnpata.org	Mashadi
Olga Mapeko	F	0810722459		Attendee	omapeko@gmail.com	Olga
Makanelo Makape	F	0733410290	REPSSI		Makanelo.Makape@repssi.org	Makanelo
MORRIS TAYEBWA	M	+25575468 2423	EAC Secretariat	Presenter	mtayebwa@eac.org	Morris
MARUMO SEPSOBE	M	066131 4207	SCSA	Presenter	marumob@scsa.org.za	Marumo

IN-PERSON ATTENDANCE 26 JUNE 2024

REGIONAL LEARNING & LINKING FORUM 2024, PROTEA HOTEL BALALAIKA, SANDTON JOHANNESBURG, SOUTH AFRICA

Name & Surname	Gender	Contact Details	Name of Organisation/Affiliation	Presenter/Attendee	Paid for Forum Attendance?	Would you be interested in being part of the RIATT-ESA network?	Contact Details of Organisation for follow up purposes.	Contact Person
Natalie van Faassen	Female	0845168888	Zoe-Life	Attendee		✓	0636914150	Natalie
Cathy Onellas	Female	0603685003	UCF/UCOX	Presenter	Yes	Yes	0603685003	Cathy/Abi
Annah Sanyo-Page	Female	+263 719 668310	GNPT	Presenter	TBC	Yes	+263 719 668310	Annah
Fenny Mwanuzo	Female	+266 56330138	Catholic Relief Services	Presenter	NO	Yes	+266 56330138	Fenny
TABICA SIBOLE-MAGAZINI	Female	0788571978	PATA		NO	Yes	tabica@pata.org	Tabica

Pamela	Female	0604539109	Desmond Tutu	Presenter	not yet	Yes	0604539109	Pamela
Ivy	Muhwale	+260 966744965	FAWR Zambia	Attendee	Not yet	Yes	+260 966744965	Ivy Muhwale
MAVIS BANUWA	F	+260 973012284	VSO	Presenter	Paul	Yes	+260 973012284	Mavis Banda
Costen Kanchela	M	+260 977 468 822	FAWE ZAMBIA	Attendee	Not yet	Yes	+260 977 468 822	Costen Kanchela