



#WeBelongAfrica
Inclusive Governance Initiative



Lessons learned

from regional and multi-country HIV programming with LGBTI and other key population groups in Africa

#WeBelongAfrica brings together multiple initiatives that enable inclusive, just, affirming, safe, productive and fulfilling lives for all people in Africa, irrespective of sexual orientation, gender identity, gender expression or sex characteristics, and irrespective of HIV status or risk.

Proposed citation:

UNDP (2021). *Lessons learned from regional and multi-country HIV programming with LGBTI and other key population groups in Africa*.

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Abbreviations and acronyms

ACHPR	African Commission on Human and Peoples' Rights
AIDS	Acquired Immune Deficiency Syndrome
AMSHer	African Men for Sexual Health and Rights
ARASA	AIDS & Rights Alliance of Southern Africa
ARP	Africa Regional Programme (Frontline AIDS)
AU	African Union
CAL	Coalition of African Lesbians
CAP	Common African Position
CCM	Country Coordinating Mechanism
CSO	Civil Society Organization
COMPASS	Coalition to build Momentum, Power, Strategy and Solidarity
COP	Country Operational Plan
EAC	East African Community
EALA	East African Legislative Assembly
ECOWAS	Economic Community of West African States
GCHL	Global Commission on HIV and the Law
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IOM	International Organization for Migration
LEA	Legal Environment Assessment
LGBTI	Lesbian, gay, bisexual, transgender, intersex
LILO	Looking in, Looking out
MSM	Men who have sex with men
NAC	National AIDS Council
OIG	Office of the Inspector General
PEPFAR	President's Emergency plan for AIDS Relief
PLHIV	People living with HIV
PWUD	People who use drugs
REC	Regional Economic Commission
RLB	Removing Legal Barriers (UNDP project)
SADC	Southern African Development Community
SADC PF	Southern African Development Community Parliamentary Forum
SAJEI	South African Judicial Education Institute
SIDA	Swedish International Development Cooperation Agency
SRHR	Sexual and reproductive health and rights
SSMPA	Same-Sex Marriage (Prohibition) Act, Nigeria
STI	Sexually transmitted infection
SW	Sex worker
TB	Tuberculosis
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
US	United States

Introduction

Funding for multi-country and/or regional HIV programmes in Africa has decreased significantly in recent years. This paper argues for the importance of multi-country and regional programmes for HIV and for key populations, including lesbian, gay, bisexual, transgender and intersex (LGBTI) populations.

It sets out the unique contributions of multi-country and regional programmes on HIV towards (i) creating safe spaces for inclusive interactions; (ii) supporting the development of regional strategies and guidance; (iii) galvanizing national level responses; (iv) strengthening regional and sub-regional institutions; (v) strengthening advocacy opportunities; (vi) building the evidence base on creating enabling environments; (vii) improving human rights norms and laws; (viii) supporting South-South learning and adoption of good practices; and (ix) addressing key gaps in national service delivery.

The paper also tackles the various challenges encountered by regional programmes, suggesting ways in which these can be managed to maximize the unique contributions of regional programmes, working in synergy with national programmes.

It hopes to highlight the ways in which the challenges of multi-country and/or regional programmes can be overcome, through careful focus on their potential strengths, realistic recognition of their contributions and mitigation of their limitations, in their design, implementation, monitoring and evaluation.

Background

The vast majority of investment in HIV prevention and care is for community and country level programming, whether for health services and commodities, health promotion campaigns, development of guidelines and policies, or related interventions such as training.

At the same time, over the past decade, several international funders have also supported a limited amount of multi-country and regional programming,¹ including Global Fund projects aligning with Strategic Objective 3 of the Global Fund to Fight AIDS, TB and Malaria (“the Global Fund”) Strategy 2017-2022, aimed at removing human rights barriers to support key populations to access the health services they need.

Such multi-country work is regarded as complementary to in-country programmes, reinforcing their impact and outcomes by improving responses for key populations. This is particularly pertinent in the sub-Saharan Africa region, where many countries report shrinking space for civil society mobilization, high levels of stigma, discrimination and violence, criminalization of the activities of key populations and an unsupportive legal and policy context,² coupled with national environments that lack political will, evidence and/or a lack of technical expertise to effectively allocate and spend funds for work with politically controversial population groups.³ The Global Fund itself acknowledged, in a 2016 review of programmes funded to advance gender equality and the rights of key populations, that these programmes were “fundamentally constrained by national environments”.⁴

Nevertheless, in 2017, the Global Fund ceased to provide support to regional and multi-country projects with key populations in Africa. During 2017-2019, neither the Global Fund nor the President’s Emergency Plan for AIDS Relief (PEPFAR) – the two largest funders of HIV programmes for men who have sex with men – provided significant support for regional programmes in Africa.

Table 1: Global Fund and PEPFAR HIV funding for men who have sex with men (MSM) and transgender people 2017 – 2019 for regional programmes and in select countries

REGIONAL FUNDING	GLOBAL FUND ⁵	PEPFAR ⁶
Southern Africa		
East Africa		
West Africa		\$3.6 million
Central Africa		
COUNTRY FUNDING	GLOBAL FUND	PEPFAR
Angola	\$0.4 million	\$0.4 million
Botswana	\$3.3 million	\$0.4 million
Cape Verde	\$0.03 million	
Cote d’Ivoire	\$5.2 million	\$1.6 million

1 That is, programmes that work across a specific region (e.g., the Southern African Development Community) or work across multiple countries (e.g. a number of countries linked by transport corridors) to achieve cross-country and regional impact, as well as impact on the achievement of national goals and objectives.

2 See, for instance, recognition of human rights challenges facing key population organizations, human rights defenders and individuals in Africa by ACHPR, HIV, Law and Human Rights in the African Human Rights System: Key Challenges and Opportunities for Rights Based Responses, 2018. Available at https://www.unaids.org/sites/default/files/media_asset/HIV_Law_AfricanHumanRightsSystem_en.pdf (Accessed 2 July 2020); ACHPR / Res 376 (LX) 2017 (Resolution 376 on the Situation of Human Rights Defenders in Africa), adopted by the African Commission in May 2017, expressing concern about restrictions to civil society space and threats to human rights defenders working on, amongst other things, HIV and sexual and reproductive health, sexual orientation and gender identity. Available at <https://www.achpr.org/sessions/resolutions?id=419> (Accessed 2 July 2020); ACHPR/Res275 (LV) 2014 (Resolution 275 on Protection against Violence and other Human Rights Violations against Persons on the basis of their real or imputed Sexual Orientation or Gender Identity. Available at <https://www.achpr.org/sessions/resolutions?id=322> (Accessed 3 July 2020).

3 The Global Fund, Gender Equality and Key Populations: Results, Gaps and Lessons from the Implementation of Strategies and Action Plans, 2016 at p29-30 notes “in reality, such interventions are often acutely under-resourced – neglected within Global Fund grants, while also not funded by domestic governments and other donors.”

4 Ibid., at p29.

5 <https://data-service.theglobalfund.org/downloads> provides Global Fund detailed budgets for the Grant Agreement Implementation Period 2017-2019. The total figure here represent HIV funding for MSM and TG; MSM; TG and human rights modules.

6 <https://copsdata.amfar.org>, which provides PEPFAR funding data from 2005 to 2019.

DR Congo	\$ 4.0 million	\$0.9 million
eSwatini	\$0.1 million	\$0.7 million
Ghana	\$3.1 million	\$0.8 million
Kenya	\$15.8 million	\$4.3 million
Lesotho	\$0.4 million	\$0.7 million
Liberia	\$0.6 million	
Madagascar	\$0.1 million	
Malawi	\$1.3 million	\$3.5 million
Mozambique	\$8.7 million	\$4.3 million
Namibia	\$0.2 million	\$0.6 million
Rwanda		\$1.5 million
Togo	\$0.6 million	
Zambia		\$2.6 million
Zimbabwe	\$9.1 million	\$0.9 million

Given concerns over dwindling support for regional programmes to complement national initiatives, the Bill and Melinda Gates Foundation supported the United Nations Development Programme (UNDP) to convene a meeting in February 2020 on lessons learned from regional HIV programmes with key populations, to better understand their contributions – and challenges - towards ending AIDS in sub-Saharan Africa.

The consultation brought together 25 stakeholders with experience as evaluators, programme managers or implementers of regional or multi-country key population programmes, whether supported by the Global Fund or others, including representatives from Global Fund regional projects, donors, regional and multi-country civil society and key population organizations, networks and academics.⁷ Stakeholders discussed the key contributions, as well as challenges, of regional programmes, citing programmatic examples from their own experiences to substantiate discussions.

7 Lessons Learned from Regional HIV Programmes with Key Populations, 27-28 February 2020, Johannesburg, South Africa.

Purpose

This paper serves as an important guide for donors towards recognizing the unique contributions of multi-country programmes, and the ways in which these programmes serve to complement national level action, particularly for sensitive issues facing key populations at the national level. It also highlights ways in which the challenges of multi-country programmes can be overcome, through careful focus on the strengths, and mitigation of the limitations of multi-country programmes, in their design, implementation, monitoring and evaluation.

It draws from discussions of lessons learned during the stakeholder consultation, complemented by additional desk research and follow-up discussions with key informants, to highlight the successes and explore ways to overcome the challenges posed by regional programmes.

Firstly, it looks at the contributions of regional programmes, distilling key success statements that draw from the arguments put forward by stakeholders, further substantiated by programme reports and evaluations, case studies and organizational experiences. It also tackles the various challenges encountered by regional programmes, suggesting ways in which these can be managed to maximize the unique contributions of regional programmes, working in synergy with national programmes.

In this way, the Lessons Learned paper hopes to inform future funding strategies that include a complementary range of funding for regional, multi-country and country level HIV key populations funding to achieve the goals of ending AIDS by 2030 and reaching those left behind.

Contributions of multi-country programming

1. Creating safe spaces for inclusive interactions

Multi-country programmes have created and supported **safe spaces for supportive civil society groups, parliamentarians, members of the executive, judges, civil servants and others to learn from each other, develop advocacy strategies and strengthen their capacity on key population issues**, especially for stakeholders from countries with particularly severe stigma and/or criminalization of key populations.

The Global Fund Office of the Inspector General (OIG) Audit Report recognizes that multi-country grants have been successful in facilitating multilateral forums, providing countries with a safe space in which to share knowledge and information across countries and enhancing intercountry collaboration and coordination, including to address human rights and gender barriers to accessing HIV services.⁸ Involving multilateral organizations, such as United Nations (UN) agencies, with the power to convene and bring partners to the table, has been seen as advantageous to these processes.⁹ These forums allow both government and civil society partners to discuss experiences, strategies and successes as well as critically analyse challenges on sensitive issues, outside of the constraints of their legal and political environments.

Example: Regional Judges' Forum

The Global Fund-funded Africa Regional Grant on HIV: Removing Legal Barriers (RLB) established a forum for judges from across the continent to learn about how the law can enable stronger HIV responses and to support each other. The annual meetings provided a forum to allow judges to hear testimonies from key populations, receive technical inputs on international and regional guidance applicable in their own jurisdictions and to allow for cross-country learning while sharing and critiquing landmark rulings from their own national courts.

Members of the Regional Judges' Forum report that they are increasingly knowledgeable and sensitized on matters relating to HIV, sexual and reproductive health and rights (SRHR), tuberculosis (TB) law and human rights. They have presided over important, precedent-setting judgements in the region.¹⁰ In 2017, in Malawi, Judges Zione Ntaba and Sylvester Kalembere, both participants of the Judges' Forum since 2015, and Judge Michael Mtambo, dealt with a case challenging Malawi's 'rogue and vagabond' laws, which have been used to harass sex workers. The three judges agreed that the laws were unconstitutional due to being overly broad and vague. In particular, Judge Kalembere cited regional law and decisions from the African Commission on Human and Peoples' Rights in his decision. He also affirmed the dignity of marginalized persons, stating: "it is clear that poverty, hunger, oppression and injustice make it impossible to live a life commensurate with this dignity".¹¹

Experience shows that regional convenings have promoted inter-country collaboration and cooperation extending beyond annual meetings, resulting in the creation, for instance, of ongoing e-forums and electronic databases to sustain technical and capacity strengthening support, and joint advocacy campaigns on regional issues of concern. For instance, the African Regional Judges' Forum used their annual convening to discuss effective strategies for ongoing sharing of information and resources,¹² resulting in an online searchable database of relevant judgements, regularly updated by the regional project, and accessed by the judges when dealing with cases before them.¹³ This is an important contribution towards sustaining the outcome and impact of regional consultations.

- 8 The Global Fund Office of the Inspector General, Audit Report: Global Fund Multicountry Grants, 2019 at p4. Available at <https://www.theglobalfund.org/en/oig/updates/2019-02-14-audit-of-global-fund-multicountry-grants/> (Accessed 22 June 2020). See also D. Wilkinson, Key achievements and lessons-learned for UNDP as technical assistance provider under Global Fund regional HIV programmes in Asia, 2017 at p6-7.
- 9 MDF, Final Evaluation of the Netherlands' Regional HIV/AIDS and SRHR Programme in Southern Africa, 2020 at p59-60 Available at <https://www.government.nl/binaries/government/documents/reports/2020/01/31/final-evaluation-of-the-netherlands-regional-hiv-aids-and-srhr-programme-in-southern-africa/Evaluation+of+the+NL+Regional+HIV-AIDS+and+SRHR+Programme+in+Southern+Africa.pdf> (Accessed 23 June 2020). The International Organization on Migration tripartite cross-border mechanism was able to convene dialogues between various SADC partner countries.
- 10 Innovative Judges' Forum sensitizes African judges on HIV, TB, SHR and human rights. Available at <https://www.undp-capacitydevelopment-health.org/en/legal-and-policy/case-studies/innovative-judges-forum> (Accessed 4 June 2020).
- 11 Malawi: Challenging Constitutionality of Rogue and Vagabond Offence. Available at <https://www.southernafricalitigationcentre.org/2017/01/28/malawi-challenging-constitutionality-of-rogue-and-vagabond-offence/> (Accessed 4 June 2020)
- 12 Judges and Legal Experts from 22 Countries Meet for the Sixth Annual Africa Regional Judges Forum to discuss HIV, TB and Human Rights, 3 July 2019. Available at <https://www.africa.undp.org/content/rba/en/home/presscenter/articles/2019/judges-and-legal-experts-from-22-countries-meet-for-the-sixth-af.html> (Accessed 4 June 2020)
- 13 Regional judges meet to promote law as a tool to strengthen the HIV response in Africa, 29 June 2017. Available at https://www.africa.undp.org/content/rba/en/home/presscenter/articles/2017/06/29/regional_judges_meet_to_promote_law_as_a_tool_to_strengthen_the_hiv_response_in_africa/ (Accessed 4 June 2020).

Regional spaces supported by multi-country programmes also provide an opportunity for civil society organizations to amplify the voices of key populations, raising issues they may struggle to advocate for at the national level, to the sub-regional, regional and even global level, to effect change. An evaluation of African Men for Sexual Health and Rights (AMSHeR)'s work in 2017, for instance, reported that the coalition's ability to increase the visibility and evidence of issues facing MSM and LGBTI partner organizations in regional platforms otherwise seen as inaccessible to partners - such as the African Commission on Human and Peoples' Rights (ACHPR) – provided a critical connection to people on the ground. This strengthened the movement's collective advocacy capacity for non-discriminatory responses based on sexuality and gender in Africa among policymakers, public officials, stakeholders and institutions.¹⁴

Example: COMPASS' participation in PEPFAR regional planning brings national level change

In 2017, Coalition to Build Momentum, Power, Strategy and Solidarity (COMPASS) Africa, a North-South coalition focused on supporting data-driven activism and advocacy for impact, began working in Malawi, Tanzania and Zimbabwe. Through participating in the President's Emergency Programme for AIDS Relief (PEPFAR)'s annual Regional Planning Meetings where Country Operational Plans (COPs) are developed, COMPASS partners have achieved significant changes in targets, funding, policy and service delivery approaches by PEPFAR, country governments and the Global Fund.

In 2018, for instance, a civil society delegation of COMPASS partners (including Tanzania) to the COP 2018 planning cycle were able to advance a joint in-person campaign for more progressive policies for key populations, sharing real time core developments with civil society organizations (CSOs) 'at home' in Tanzania and working with the support of COMPASS to take and share risks (e.g. speaking openly and critically about government policies) in the room. This had the immediate result of increasing investments for key and vulnerable populations¹⁵ and led to the subsequent establishment of a government-recognized 'KVP Forum' for advancing evidence-based advocacy on programming for key and vulnerable populations.

2. Supporting the development of regional strategies and guidance

Multi-country programmes have effectively supported the **development of technically strong, evidence-informed strategies and guidelines for working with key populations**. The resulting products are often much stronger than previously existing country level strategies and guidelines, benefiting from evidence and experience from multiple contexts as well as from fewer political constraints, and providing for a level of accountability to the standards set.

For example, in November 2017, Ministers responsible for Health, HIV and AIDS approved the Southern African Development Community (SADC) 'Regional Strategy for HIV and AIDS Prevention, Treatment and Care and Sexual and Reproductive Health and Rights among Key Populations'. The process began in 2012, with financial and technical assistance from UNDP, United Nations Population Fund (UNFPA) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), including support for an African Key Populations Experts Group who developed a model strategic framework on HIV for key populations. During the period 2012 to 2017, regional programmes and regional economic commissions (RECs) supported a series of regional consultations with governments, UN agencies and development partners, civil society and regional organizations of key populations, including young key populations. The resultant Regional Strategy broke new ground for most of the governments involved, including in its attention to transgender people and its clear guidance to reduce barriers to service access for a broad range of key populations.¹⁶ It also presents an important accountability framework since governments are required to report regularly on progress against its 13 indicators.¹⁷ The Economic Community of West African States (ECOWAS) in West Africa has also since launched the ECOWAS Regional Strategy for HIV, Tuberculosis, Hepatitis B&C and Sexual and Reproductive Health and Rights among Key Populations in 2020.¹⁸

14 AMSHeR External Evaluation Report, 2017 at p5-6.

15 COMPASS Organic Coalition Growth after a "Funder Responsive" Start, 2020 at p2-3. Available at https://www.avac.org/sites/default/files/u3/Tanzania_COMPASS_caseStudy-June2020.pdf (Accessed 11 November 2020).

16 SADC, Regional Strategy for HIV and AIDS Prevention, Treatment and Care and Sexual and Reproductive Health and Rights Among Key Populations, 2017 at p12. Available at https://www.sadc.int/files/2715/3060/7629/SADC-regional-strategy-hiv-srhr-key-pops_FINAL.pdf (Accessed 22 June 2020).

17 L. Julien, Addressing sex workers' lack of access to health services in the SADC region, 2019. Available at <https://www.africaportal.org/features/addressing-sex-workers-lack-access-health-services-sadc-region/> (Accessed 25 Jan 2021).

18 Available at <https://www.africa.undp.org/content/rba/en/home/library/reports/ecowas-regional-strategy-for-hiv--tuberculosis--hepatitis.html> (Accessed 25 Jan 2021).

Similarly, the development of the East African Community (EAC)'s HIV and AIDS / STIs and TB Multisectoral Strategic Plan and Implementation Framework 2015-2020 was coordinated and overseen by the EAC Technical Working Group (TWG), with the support of the Swedish International Development Cooperation Agency (SIDA), and involved country and regional consultations in all EAC Partner States that included CSOs, government agencies, ministries and departments, and development partners. The resultant plan provides for a coordinated regional response to HIV, TB and sexually transmitted infections (STIs), setting ambitious targets for programmes targeting key populations and advocating for non-discriminatory legal and policy frameworks for service delivery, including harmonized legislation on sexual minorities.¹⁹ The Plan includes provision for the EAC to develop a minimum set of standard indicators, guidelines, tools and reporting formats for monitoring accountability and implementation of EAC strategic plans by Partner States and the Secretariat.²⁰

3. Galvanizing national level responses

Such technically strong, evidence-informed key population strategies and guidelines at regional and sub-regional level have often **effectively galvanized improved action at country level**, at least partly because regional and sub-regional endorsement of effective approaches can provide political space for national authorities to do work that is necessary yet controversial. Multi-country programmes generally seek to align with regional strategies and guidelines, ensuring their continued relevance and application.²¹ A number of successful examples show that where RECs and multi-country programmes provide (often donor-funded) ongoing follow-up and technical support, as well as strengthen accountability to regional strategies and guidelines, the results filter down to national level responses.

The East African Legislative Assembly (EALA) passed the EAC HIV and AIDS Prevention and Management Act in 2012, creating strengthened legal norms for the protection and promotion of the human rights of people living with HIV in Partner States. The Act differed from a number of Partner States' existing HIV laws, e.g. by including protection for vulnerable groups and 'most at risk' populations, and specifically not providing for provisions to criminalize HIV transmission, exposure and non-disclosure. The Act has since been assented to by the Heads of State of all five Partner States.²² The EAC also held regular partnership fora to enhance collaboration and buy-in for the Act and provided technical support to Partner States, including a UNDP-supported comprehensive, comparative analysis of each Partner States' HIV, health and related legislation, bills, policies and strategies,²³ and the dissemination of a recommended HIV legal and policy reform framework to align national laws with the Act.²⁴ The RLB regional programme enabled continued follow up over a period of years. This included a 2017 regional stakeholder forum of representatives from Partner States, including people living with HIV, key populations, human rights institutions, lawyers, law enforcement officers, National AIDS Councils (NACs), Ministry of Health officials, EAC Health officials, CSOs and development partners, to discuss the Act and commit to national level action.²⁵ In Kenya, the National AIDS Control Council are now spearheading a revision of the national law in accordance with the EAC HIV Act and national Constitution.²⁶

The African Union (AU) Campaign to End Child Marriage, launched in 2014, provided a space for African leaders, partners and civil society to engage on the issue of child marriage through a series of high-level meetings, consultations and the African Girls Summit. It enlisted 26 of the 30 targeted high prevalence countries in Africa to the campaign and is regarded as having brought the issue of child marriage to the fore on the continent. The Campaign has also led to sub-regional action (described further below) as well as country-specific and thematic research, increasing the evidence base to support programming to end child marriage, and changes in national laws and action plans to end child marriage.²⁷ In June 2014, the 25th Assembly of the Southern African Development Community Parliamentary Forum (SADC PF) adopted a Resolution calling for concerted efforts to end child marriage in SADC. SADC PF followed up

19 EAC, HIV and AIDS/STIs and TB Multisectoral Strategic Plan and Implementation Framework 2015-2020, Key Results Area 2 and 4. Available at <http://repository.eac.int/handle/11671/570> (Accessed 12 June 2020).

20 Ibid., at p35.

21 See, for example, MDF, Final Evaluation of the Netherlands' Regional HIV/AIDS and SRHR Programme in Southern Africa, 2020 at p4-5 which notes that many strategies promoted in the SADC SRHR Strategy 2019-2030 have been implemented within and through the regional programme.

22 East African Community HIV and AIDS Prevention and Management Act, 2012 at p4. Available at <https://www.kelinkkenya.org/wp-content/uploads/2017/04/EAC-HIV-ACT-2012.pdf> (Accessed 13 June 2020).

23 EAC and UNDP, A Comprehensive Analysis of HIV Related Legislation, Bills, Policies and Strategies in East African Community, 2014. Available at <http://repository.eac.int/bitstream/handle/11671/560/A%20Comprehensive%20Analysis%20of%20the%20HIV%20and%20AIDS%20Legislation%2C%20Bills%2C%20Policies%20and%20Strategies%20in%20the%20EAC-Popular%20Version.pdf?sequence=2&isAllowed=y> (Accessed 10 June 2020).

24 EAC HIV and AIDS / STI and TB Multisectoral Strategic Plan and Implementation Framework, 2015-2020 at p26. Available at <http://repository.eac.int/handle/11671/570> (Accessed 12 June 2020).

25 Stakeholders commit to implement the HIV and AIDS Prevention and Management Act, 18 April 2017. Available at <https://www.kelinkkenya.org/tag/eac-hiv-act/> (Accessed 13 June 2020).

26 Email correspondence with Njeri Maina, National AIDS Control Council, Kenya, 24 June 2020.

27 UNICEF, Summary Review of the AU Campaign to End Child Marriage. Available at https://www.unicef.org/protection/files/Summary_Review_of_the_AU_Campaign_to_End_Child_Marriage.pdf (Accessed 7 June 2020).

by partnering with UNFPA, regional CSOs and other associations to develop the SADC PF Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage, through a participatory process involving parliamentarians, policy makers, young people, legal experts, judges, CSOs and UN agencies across SADC. The Model Law was formally adopted in June 2016 during the 39th Plenary Assembly session of SADC PF.²⁸ The Campaign and the Model Law have since resulted in changes to child marriage laws in SADC countries. For instance, in Zambia, the President approved a constitutional amendment defining a child as being 18 years of age, in alignment with the Convention of the Rights of the Child, and the government adopted a national strategy to end child marriage in 2016. In the same year, the Constitutional Court in Zimbabwe struck down s22(1) of the Marriage Act as unconstitutional, which allowed children below 18 years to marry.²⁹

4. Strengthening regional and sub-regional institutions

Multi-country funding has **played a central role in establishing, strengthening and sustaining the public health related capacity of some key regional and sub-regional institutions.**

Both the SADC Secretariat and the SADC Parliamentary Forum have benefited from several multi-country grants from different donors, helping them to strengthen their capacity on HIV and in turn to be leaders in HIV policy in the region. In the past decade, both SADC and SADC PF have enacted a number of important model laws, minimum standards, strategies and motions protecting and promoting the rights of people living with HIV and key populations. For instance, in addition to the various examples cited previously, in November 2015 the SADC PF unanimously adopted a motion on Criminalization of HIV Transmission, Exposure and Non-Disclosure, expressing concerns that laws criminalizing HIV transmission are harmful to successful HIV prevention, treatment and care and may infringe human rights, encouraging Member States to rescind and review such laws.³⁰

5. Strengthening advocacy opportunities

Multi-country funding strengthens **independent key population advocacy voices** (that are not sub-contracted to Ministries of Health and national Principal Recipients). Regional programmes can successfully support systematic interactions between stakeholders that allow for independent and **accurate comparative monitoring of programme performance across countries**,³¹ reflected in review reports and ‘score cards’ that can be used as effective advocacy tools. Such approaches often strengthen the capacity of civil society as well as the accountability of national authorities and therefore their responsiveness to human rights and key population priorities.

In a 2020 survey of AIDS & Rights Alliance of Southern Africa (ARASA) amongst HIV and human rights member organizations across East and Southern Africa, many participants spoke of the tremendous value of the Global Fund regional grants – KP REACH and Removing Legal Barriers, implemented from 2016-2019 – and how these were discontinued when they were starting to bear fruit.

“I don’t think donors realize how important it is for a range of organizations to work collaboratively together. If it’s supported by broader advocacy, and organizations on the ground, it’s the only way to tackle this issue. Working in partnership we can do it better. There was a huge amount of momentum, which sadly is coming to an end. We are going back to working in our silos, not sharing advances and successes as we did previously.”³²

Key population representatives experience various limitations to undertaking country level advocacy on sensitive issues. For instance, while they are increasingly included in key national processes and deliberations, including as members of country delegations to US Government PEPFAR COP meetings and as participants in Global Fund Country Coordinating Mechanisms (CCMs),³³ many such activists are financially dependent upon, and feel newly constrained

28 UNFPA ESARO, A Guide to Using the SADC Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage. Available at <https://esaro.unfpa.org/sites/default/files/pub-pdf/J7288E%20-%20SADC%20Model%20Law%20Toolkit%20final.pdf> (Accessed 10 June 2020).

29 SADC Model Law on Child Marriage: An Update on Law Reform in the Region, 27 March 2017. Available at <https://africanlii.org/node/1754> (Accessed 23 June 2020).

30 ARASA, SRHR, HIV, TB and Human Rights in Southern and East Africa, 2018/2019 at p72. Available at <https://www.arasa.info/media/arasa/Resources/research%20reports/arasa-hrreport-full-2.pdf> (Accessed 26 Jan 2021).

31 The Global Fund OIG Audit Report notes that the Global Fund-funded multicountry grants have encouraged systematic interaction and collaboration between regional stakeholders and holistic monitoring of epidemic and interventions. The Global Fund Office of the Inspector General, Audit Report: Global Fund Multicountry Grants, 2019 at p4. Available at <https://www.theglobalfund.org/en/oig/updates/2019-02-14-audit-of-global-fund-multicountry-grants/> (Accessed 22 June 2020).

32 ARASA, Expanding Needs Diminishing Means, 2021 at p42.

33 For instance, the regional RLB programme support for the LEA process in Gabon is said to have resulted in an MSM representative on the Country Coordinating Mechanism who now takes part in strategic meetings relating to the national HIV response.

in their ability to criticize their own governments.³⁴ Additionally, country level grants may provide limited funding for advocacy work, particularly work that challenges the status quo on issues such as legal and social inclusion of key populations.³⁵ Regional platforms and regional grants have proved useful in overcoming these barriers.

For instance, UNDP's Multi-Country South Asia HIV Programme provided an important regional platform for advocacy on human rights issues affecting key populations, nurturing partnerships between national governments and regional community networks such as the Asia Pacific Network of People living with HIV/AIDS, as well as at the national level amongst national and sub-national level local CSOs and government. As a result of these efforts, the first MSM and transgender community group was formed in Bhutan, and in Pakistan six community-based organizations were established to provide services to MSM and transgender people. In Pakistan, for the first time, a transgender member was included in the CCM and in India, capacity development of Voluntary Health Services and the Humsafar Trust increased their visibility and expanded civil society space, both nationally and regionally.³⁶ The project undertook a multi-country study on legal gender recognition for transgender persons in national laws and policies in the region, supporting further advocacy and in-country studies, strengthening advocacy for official recognition of a third gender category in India and Bangladesh and for implementation of court decisions recognizing a third gender category in Nepal and Pakistan.³⁷

Regional scorecards comparing government performance across countries have also helped activists draw attention to shortcomings at country level, by citing the work of other, independent sources. For instance, Accountability International's [CCM Scorecard and Country CCM Shadow Reports](#) supported communities and civil society watchdogs in nine African countries to evaluate country CCMs against Global Fund requirements and performance assessments, to improve accountability, transparency and inclusivity of affected populations amongst CCMs and related processes. The Scorecard allowed for a comparative cross-country analysis, ranking participating countries against each other to identify best and worst practices and entry points for advocacy, encouraging accountability from governments at country level.

6. Building the evidence base on creating enabling environments

Multi-country programmes have **built evidence about how legal and human rights environments can either promote or undermine programme success at country level**. This evidence has been used to develop strengthened rights-based responses at various levels, working from regional to national and vice versa; it allows for cross-country learning and application of this evidence to strengthen advocacy for national level campaigns, as well as to build evidence for regional level advocacy and action.

For instance, regional programming brought stakeholders together to support the development of the 2016 Common African Position (CAP) to the United Nations General Assembly Special Session on AIDS. The CAP drew on country and regional level evidence, noting “stigma and discrimination remain key barriers to access to services in Africa, and addressing HIV and human rights is critical to ensuring that no one is left behind in accessing services.” It also recommended AU Member States to leave no-one behind, by establishing “legal, political and social environments that enable effective HIV response – including through protective laws, supportive law enforcement and access to justice – to end all discrimination towards people living with HIV and other key populations, including in health, education and work place settings.”³⁸

Regional programmes were able to use strong evidence generated on the impact of Nigeria's broad Same-Sex Marriage (Prohibition) Act (SSMPA), signed into law in January 2014, to advocate against the criminalization of same-sex sex in other countries. The Nigerian Act effectively criminalizes LGBTI persons based on sexual orientation and gender identity and imposes heavy sentences against LGBT clubs, societies and organizations, and individuals who ‘support’ activities of these organizations. The enactment of the SSMPA was immediately followed by extensive reports of markedly higher levels of violence against LGBTI people, with impunity from justice. This included sexual violence

34 Lessons Learned from Regional HIV Programmes with Key Populations, 27-28 February 2020, Johannesburg, South Africa.

35 In an evaluation of Key Population Representation, Evidence and Advocacy for Change in Health (KP Reach), a CCM Manager noted “we really don't have those kinds of resources in our national grant for advocacy and stigma reduction.” HiVOS et al., KP Reach: Results Assessment and Sustainability Plan, 2018 at p13. Member organizations participating in the ARASA survey said that even if domestic governments in the region were to support their national HIV responses, work on social enablers, human rights and key populations was least likely to be funded. Domestic governments tend to prioritize funding for treatment. ARASA, Expanding Needs Diminishing Means, 2021 at p7 and p22.

36 D. Wilkinson, Key achievements and lessons-learned for UNDP as technical assistance provider under Global Fund Regional HIV Programmes in Asia, 2017 at p6-7.

37 Ibid., p9.

38 African Union, Africa's Common Position to the UN General Assembly Special Session High-Level Meeting on AIDS, 21 May 2016. Available at https://au.int/sites/default/files/newsevents/workingdocuments/27514-wd-cap_hlm201628032016.pdf (Accessed 28 January 2021).

and mob attacks, extortion and arbitrary detention of LGBTI people, as well as attacks on human rights defenders working on sexual minority issues and civil society organizations. Research indicated a significant decrease in access to services, including HIV-related services, and LGBTI persons reported being forced underground, following the enactment of the SSMPA.³⁹ The stark comparisons are valuable evidence for advocacy against criminalization of same-sex sex in the region. Regional programme managers acknowledge the importance of dedicated efforts to document such examples,⁴⁰ as there is less available, clear evidence of rights-related interventions and their impact – positive or negative – on access to health care and health outcomes, than that of biomedical interventions.

The Global Commission on HIV and the Law (GCHL) Africa Regional Dialogue, convened by UNDP on behalf of UNAIDS, brought together government, civil society and development partners from across Africa to discuss the way in which laws supported, or created barriers to HIV responses for people living with HIV, key populations, women and young people.⁴¹ The subsequent global report, *Risks, Rights & Health*, and the regional *Report of the Africa Regional Dialogue* made important recommendations for countries, drawing together evidence from across the world and region of how protective laws and policies had been used to strengthen access to health care services for key populations, as well as highlighting the negative impact of punitive and discriminatory laws on the lives of MSM and transgender persons, people who use drugs and sex workers, amongst others. Subsequently, UNDP and other development partners provided support to a number of countries, through multi-country programmes, to follow up on the GCHL's evidence and recommendations for creating enabling legal and policy frameworks for the health of key populations.

For example, the Africa Regional Grant on HIV RLB programme provided follow-up support countries to undertake Legal Environment Assessments (LEAs), using the GCHL evidence and recommendations, as well as regional and sub-regional standards and guidance, to analyse their own legal and regulatory frameworks and to make recommendations for review and reform of laws based on human rights considerations.⁴² Based on the GCHL recommendations, the RLB programme also supported regional capacity strengthening of key stakeholders from select countries, including parliamentarians, law enforcers, national human rights institutions and lawyers, supporting in-country advocacy, strategic litigation and law reform initiatives.

In Asia, based on evidence from the GCHL on stigma and discrimination by health providers as a barrier to access to health services for MSM and transgender people, a regional training package for health providers to reduce stigma and enhance HIV, STI and other sexual health services for MSM and transgender people in Asia and the Pacific, was jointly developed during two regional expert meetings and eight pilot trainings. The training package (known as 'The Time Has Come') was rolled out across China, Indonesia, Malaysia, the Philippines and Timor-Leste and later adapted for another seven Multi-Country South Asia HIV Programme countries (Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka) from 2013 onwards, and has since been adopted as part of national trainings in a number of the countries, including Indonesia, India, Bhutan, Afghanistan, Bangladesh, Pakistan and Nepal.⁴³

7. Improving human rights norms and laws

Multi-country programmes have been particularly successful at **catalysing and supporting improved human rights standards and law reform**, from Resolution 275 of the African Commission on Human and Peoples' Rights, to the development of sub-regional legislation or model laws such as the SADC PF Model Law on Eradicating Child Marriage and, at national level, to mutual support and learning, law review and reform by national parliamentarians and progressive jurisprudence among supportive judges.

For instance, a regional project supported the Coalition of African Lesbians (CAL), AMSHeR and other key population based CSOs to successfully advocate for ACHPR Resolution 275 in 2014, condemning violence linked to sexual orientation and gender identity. Since its adoption, the African Commission has incorporated reference to sexual orientation and gender identity in several interpretative instruments of the African Charter and has made reference to human rights violations on the basis of sexual orientation and gender identity by States in a series of *Concluding Observations*.⁴⁴ Follow-on projects have effectively used Resolution 275 to influence national law and policy, including its use in the successful national level campaign, drawing on regional guidance and support, to halt efforts to criminalize same-sex conduct in Burkina Faso.⁴⁵

39 "Tell me where I can be safe": The Impact of Nigeria's Same Sex Marriage (Prohibition) Act, Human Rights Watch. Available at <https://www.hrw.org/report/2016/10/20/tell-me-where-i-can-be-safe/impact-nigerias-same-sex-marriage-prohibition-act> (Accessed 14 June 2020).

40 Lessons Learned from Regional HIV Programmes with Key Populations, 27-28 February 2020, Johannesburg, South Africa.

41 Overview of the Africa Regional Dialogue. Available at <https://hivlawcommission.org/dialogues/africa/> (Accessed 14 June 2020).

42 Legal Environment Assessments, Review and Audits. Available at <https://hivlawcommission.org/elibrary-lea/> (Accessed 14 June 2020).

43 D. Wilkinson, Key achievements and lessons-learned for UNDP as technical assistance provider under Global Fund Regional HIV Programmes in Asia, 2017 at p2-3.

44 AMSHeR and Synergia, Resolution 275 of the African Commission on Human and Peoples' Rights, 12 May 2020. Available at <https://amsher.org/wp-content/uploads/2020/05/Amsher-Synergia-6-years-since-Res-275-May-2020.pdf> (Accessed 28 January 2021).

45 Email correspondence with Berry Nibogora, (then) Director of Programmes, AMSHeR, 7 July 2020.

In Asia, the Multi-Country South-Asia HIV Programme contributed towards a number of law reform achievements in partner countries, including the passing of an anti-discrimination bill in Bangladesh in 2015, the first protective AIDS law in Pakistan, the inclusion of progressive provisions protecting the rights of sexual minorities in Nepal's new Constitution and the approval of a bill protecting transgender rights in India in 2015.⁴⁶

In 2017, regional capacity building efforts and coordinated advocacy by national and regional CSOs, through the Africa Regional Grant RLB programme resulted in Malawian parliamentarians voting to reject coercive and criminalizing provisions in a long-deliberated HIV Bill that endangered human rights and had the potential to negatively affect key populations in the HIV response in the country.⁴⁷ Legal Environment Assessments supported by the regional programme have also led to national level law reform for LGBTI populations. For instance, the *Situation Analysis of Legal and Regulatory Aspects of HIV and AIDS in Seychelles* is acknowledged as one of various drivers leading to the amendment of s151 of the Seychelles Penal Code to decriminalize same-sex sex in 2016.⁴⁸ Gabon's LEA process arguably made various contributions towards the recent decriminalization of same-sex sex in the country,⁴⁹ through stimulating progressive steps towards inclusion of MSM, such as the appointment of a key population representative on the CCM structure, generating follow-up discussions on the impact of criminalization in key forums and informing dialogues between the UN and government authorities.⁵⁰

8. Supporting South-South learning and adoption of good practices

Multi-country programmes have **supported South-South learning and accelerated dissemination and adoption of good practice**, creating and sharing a body of knowledge through specific interventions and formal mechanisms to connect partners, such as regional learning and sharing forums, strategic information advisory groups, the creation of e-forums and electronic databases and the development of good practice guidance and 'template' documents; as well as maintaining informal, regular communication between partners to share learning, best practices and challenges as needs arise. This has built the capacity of partner organizations, supporting good practices from one locale to be adapted to inform work in others.

For instance, the Multi-Country South-Asia HIV Programme is credited with creating a regional body of strategic knowledge, covering a range of issues for MSM and transgender people, community-led good practice models and policy and advocacy initiatives to address MSM, transgender and HIV-related issues. A regional body was established (APCOM South Asia Strategic Information Advisory Group) to guide and prioritize the development of knowledge products, fill knowledge gaps and review regional strategic documents in South Asia. This strategic knowledge base has been acknowledged as invaluable in helping and improving community-led efforts to address these issues across the region. The grants also provided solid evidence about MSM and transgender persons that influenced HIV laws and fed into national policies and programmes.⁵¹

Multi-country projects in both East Africa⁵² and West Africa⁵³ successfully piloted harm reduction programmes for people who use drugs in their sub-regions, gathering evidence on how to implement such work and demonstrating the impact of well-designed interventions. Ministry officials and others were supported to visit and learn from these demonstration projects and the coverage of harm reduction programmes is now increasing. For instance, a team in Benin has begun to implement a harm reduction project, based on the model used in Cote d'Ivoire.⁵⁴

Positive Vibes Trust, a Namibian-registered organization operating nationally in Namibia and regionally in Southern

46 D. Wilkinson, Key achievements and lessons-learned for UNDP as technical assistance provider under Global Fund Regional HIV Programmes in Asia, 2017 at p9.

47 Africa Regional Grant on HIV: Removing Legal Barriers: www.africa.undp.org/content/rba/en/home/democratic-governance-and-peacebuilding/africa-regional-grant-on-HIV.html. The website has links to reports, policy scans and key documents produced throughout the programme.

48 Reform of Discriminatory Sexual Offences Laws in the Commonwealth and other Jurisdictions: Case Study of Seychelles, Human Dignity Trust, p27. Available at https://www.humandignitytrust.org/wp-content/uploads/2019/06/HDT-Seychelles-Report_web_FINAL.pdf (Accessed 14 June 2020).

49 Press Statement: Center welcomes Gabon's move to decriminalise same-sex consensual conduct, 3 July 2020. Available at <https://www.chr.up.ac.za/sogiesc-news/2145-press-statement-gabon-moves-to-decriminalise-same-sex-consensual-conduct> (Accessed 7 July 2020).

50 Email correspondence with Nicole Nguema Metogo, Consultant to Legal Environment Assessment, Gabon, 25 June 2020.

51 D. Wilkinson, Key achievements and lessons-learned for UNDP as technical assistance provider under Global Fund Regional HIV Programmes in Asia, 2017 at p10-11.

52 HIV and Harm Reduction in East Africa. Available at <https://www.theglobalfund.org/en/portfolio/applicant/grant/?k=b33c3422-1952-4553-a6d6-320bf46da5b0&grant=QPB-H-KANCO> (Accessed 28 January 2021).

53 Improving HIV/TB/Hepatitis harm reduction services and promotion of human rights of people who inject drugs in 5 West African countries. Available at <https://www.theglobalfund.org/en/portfolio/applicant/list?loc=QPF&k=40782cd8-aeed-4055-9c8d-ee34c124c29a> (Accessed 28 January 2021).

54 Lessons Learned from Regional HIV Programmes with Key Populations, 27-28 February 2020, Johannesburg, South Africa.

and East Africa to advance the human rights of marginalized populations, has used its regional footprint to generate insights and learning that has influenced advocacy and programming at national level. For instance, the multi-country KPConnect project, supported by Frontline AIDS Africa Regional Programme, worked with LGBT and sex worker organizations in 10 countries, leading to learnings on SRHR responses for MSM and sex workers and the development of several methodologies – LILO Connect, LILO Work and LILO Voice – to support advocacy and facilitate processes of conscientization with government stakeholders and CSOs in Namibia. Another 2019 project, ‘Bridging the Chasm’, implemented a community-led participatory methodology for monitoring health facilities in the cities of several neighbouring countries, to support constructive dialogue between LGBTI people, sex workers and health care workers, allowing for sharing of perspectives of care, strengthened accountability and joint planning for improved quality of services. The lessons learned from this methodology informed revisions of Namibia’s National Strategic Framework for HIV and the methodology itself was highlighted as good practice in community and response systems strengthening in the national plan.⁵⁵

An evaluation of the Linking Policy to Programming (LPP) regional programme for young key populations recognized its contribution to the production of knowledge on the legal environment and social norms on HIV and SRHR for young key populations. It also recognized the importance of the representative National Steering Committees in project partner countries,⁵⁶ which meet regionally to discuss each country’s successes and challenges and their respective follow-up plans for advocacy and action. The evaluation also looked at the READY+ and Hands Off! Project, noting the successes in replicating the Community Adolescent Treatment Supporters peer support model, which has provided peer-to-peer information, counselling and support on SRHR and HIV issues, and which was replicated in various countries, as well as the regional work in training of sex workers organizations and police services from South Africa, Botswana and Zimbabwe.⁵⁷

9. Addressing key gaps in national service delivery

In certain circumstances, multi-country programmes have proven **effective at developing, disseminating and/or managing service delivery and interventions that address key gaps in some national responses**, such as for hard-to-reach, internationally mobile key populations such as miners, sex workers and long-distance truck drivers, or for work on social norms with population and language groups that span borders.

The Global Fund’s OIG Audit Report of 2019 has recognized the role of multi-country grants in increasing political commitment of national leaders and key stakeholders to address cross border issues.⁵⁸ A successful example of this is the regional SRHR-HIV Knows No Borders project, implemented by the IOM, Save the Children Netherlands and the Witwatersrand School of Public Health, which aims to improve SRHR and HIV-related outcomes amongst migrants, including migrant adolescents and young people, and sex workers and others living in migration-affected communities in six SADC countries. The project’s work to sensitize national- and regional level policy makers and gatekeepers through community dialogues, intersectoral collaborations and regional consultations involving key ministries from SADC countries has resulted in a strong level of partnership and cross-border collaboration to provide integrated SRH and HIV services for migrants, adolescents, young people and sex workers. For instance, the project has supported commitment to the inclusion of cross-border issues within national plans; the formation and/or strengthening of three cross-border coordination mechanisms (e.g. a cross-border health committee between South Africa, eSwatini and Mozambique) and commitment to a draft SADC regional migration policy framework to strengthen strategic partnerships to improve public health responses at cross-border communities.⁵⁹

The Corridors’ Dindji Project successfully widened HIV and STI service coverage and uptake for MSM and people involved in sex work and then increased adherence to treatment, using ‘snowball’ outreach campaigns for mobile key populations moving between Benin and Togo in the Abidjan Lagos corridor. The project’s use of supervision and coordination structures involving local project partners, national HIV programmes and the regional programme, ensuring coordinated commitment and support at various levels, is regarded as one of the prerequisites for the success of the intervention.⁶⁰

55 Email correspondence with Flavian Rhode, Executive Director, Positive Vibes, 11 June 2020.

56 MDF, Final Evaluation of the Netherlands’ Regional HIV/AIDS and SRHR Programme in Southern Africa, 2020 at p57.

57 Ibid., at p59-60.

58 The Global Fund Office of the Inspector General, Audit Report: Global Fund Multicountry Grants, 2019 at p4. Available at <https://www.theglobalfund.org/en/oig/updates/2019-02-14-audit-of-global-fund-multicountry-grants/> (Accessed 22 June 2020).

59 MDF, Final Evaluation of the Netherlands’ Regional HIV/AIDS and SRHR Programme in Southern Africa, 2020 at p43-47.

60 USAID and Abidjan-Lagos Corridor Organisation, Dindji Project: Good Practice 2: Snowball Campaigns to improve HIV screening and STI management for wider number of key populations in Benin and Togo, p1-2.

Understanding and responding to limitations and challenges of multi-country programming

1. Limited ability to measure and/or directly impact on HIV incidence and morbidity

With the exception of cross-border service delivery initiatives, **very few multi-country programmes will directly contribute to reduced HIV incidence and morbidity**. Expecting them to do so, and to evidence impact of this, is to set them up for failure.

Instead, most effective multi-country programmes make their contributions via supporting collaborative, cooperative efforts towards improved legal environments, stronger policies and guidelines, improved government and civil society capacity and/or sharing and building of evidence and good practices. The Sustainable Development Goals (SDGs) nevertheless recognize the interdependence of human rights, health and development goals, and international guidance on health and human rights emphasizes that these contributions are critical to addressing the structural determinants of health, towards achieving public health goals.⁶¹

It is critical that goals and objectives set for multi-country programmes recognize and respond to these limitations firstly in their design, and secondly, in the inclusion of relevant, measurable and realistic indicators to monitor and evaluate their impact. Indicators should also recognize the lengthy time needed to effect change in laws and policies and challenging attitudes, particularly around key populations.

Evaluations of various regional programmes have recognized the difficulty of measuring the outcome or impact of rights-related projects, particularly within a timeframe of two or three years.⁶² An evaluation of the Netherlands-funded Regional HIV/AIDS and SRHR Programme in Southern Africa recognized “legal reforms take a lot of time. Some respondents spoke about a generation. Changes cannot be expected within the 2-3 years for which the current programme is running...”⁶³ Similar challenges were recognized in a mid-term evaluation of the SIDA-funded regional programme to strengthen the sexual and reproductive health and rights of LGBT people, women and girls;⁶⁴ however the evaluation noted the groundwork created and positive spin-offs of processes to effect legal and policy reform, such as the sensitization of key stakeholders both at regional and country level and the creation of processes that increased participation and inclusion, bringing together government and civil society to work together to effect change.⁶⁵ The evaluation recommended increased recognition of the value of different kinds of data over and above quantitative indicators, including qualitative data, and narrative reports; it further recommended that the project identify concrete, shorter-term goals along the pathway to legal change as interim goals and markers of success.⁶⁶

Notably, even those multi-country programmes involved in cross-border service delivery may struggle to show necessary impact on HIV incidence and morbidity. The Global Fund OIG Audit Report of 2019 cited the failure of regional data systems to provide quality, timely programmatic data on HIV, TB and malaria – and the long-term efforts required to set up, align and harmonize these systems – as a key challenge to regional programmes.⁶⁷

61 See for instance UNAIDS, AIDS and the Sustainable Development Goals. Available at https://www.unaids.org/en/AIDS_SDGs (Accessed 7 July 2020).

62 See, for instance, MDF, Final Evaluation of the Netherlands' Regional HIV/AIDS and SRHR Programme in Southern Africa, 2020 at p54.

63 MDF, Final Evaluation of the Netherlands' Regional HIV/AIDS and SRHR Programme in Southern Africa, 2020 at p43.

64 USC, Mid-Term Evaluation Report: Mid-term Evaluation: UNDP RSC Africa: 'Strengthening Regional and National Legislative Environments to support the human rights of LGBT people and women and girls affected by HIV and AIDS in sub-Saharan Africa', 2015 at p37. Available at <https://erc.undp.org/evaluation/evaluations/detail/7773> (Accessed 28 January 2021).

65 Ibid., at p4.

66 Ibid., at p34-39.

67 Global Fund OIG, Audit Report: Multicountry Grants, 2019 at p9.

Concurrent analysis of quantitative indicators, narrative information and mid-term evaluation findings

The project's stated outcome objective is "To strengthen national and regional legal environments to support the enjoyment of human rights of LGBT people and women and girls affected by HIV in sub-Saharan Africa". This is assessed by two indicators:

1. Number of countries engaged in activities to strengthen implementation or enforcement of laws that impact on women and girls affected by HIV
2. Law reform on criminalization of HIV transmission or on domestic and sexual violence ongoing in two countries.

The 2013 target indicator 1 was one country, which was achieved, while there was no 2013 target indicator 2, presumably because this is considered a longer term objective.

With regard to indicator 1, the report notes that work is underway in the DRC to reform the family code. The evaluation sheds additional light on this work, highlighting the specific areas of the family code targeted for reform, naming the populations who would benefit from these changes and drawing attention to the strengths and weaknesses in the processes through which this was achieved. For example, it is useful to note the momentum behind this work, to the extent "we [the project] lost control of the whole process" as so many organizations were incorporating lobbying for change into their activities. This very strong sense of local ownership and project buy-in are hugely relevant to assessing the value of the project, over and above the indicators provided.

While the outcome objectives focused on the implementation, enforcement and reform of laws, the evaluation has additionally demonstrated important achievements in influencing policies and strategies, such as in Malawi. Although changing laws may be the ultimate objective of this project, positive changes to policies and strategies and the meaningful engagement of populations in these processes are of incredible importance to the lives of LGBT populations, women and girls and as such merit consideration in assessing project success.⁶⁸

2. Requires PR with substantial strategic / technical capacity

For Global Fund supported multi-country programmes, **adjustments are needed to the standard role of Principal Recipients (PRs) and improved guidance is required for Regional Organizations** overseeing these grants.

Most country-based PRs benefit from an eco-system of technical, strategic and political leadership and capacity within CCMs, National AIDS Programmes, ministries, civil society organizations and others.

A regional PR may be governed by Regional Coordinating Mechanism (RCM) or, in other cases, a Regional Organization structure. Regional Organizations, unlike CCMs and RCMs, are only required to meet two of the six Global Fund CCM Policy Including Principles and Requirements. Regional Organizations are not obliged to meet the same 'good governance' requirements, including having a governance structure with functioning oversight arrangements or a policy to prevent conflict of interests, placing multi-country grants at risk of inadequate governance mechanisms to best support grant implementation and coordination with relevant stakeholders. The Global Fund's 2019 OIG Audit Report cited evidence of this failing as having led to protracted and ad-hoc management of important processes, delaying grant implementation in some multi-country grants. This requires more systematic guidance for Regional Organizations on oversight of grants.⁶⁹ Even where RCMs exist for multi-country grants, they will not always have the same capacity of a typical CCM, nor will they have the same level of accountability to, for instance, a national legislative body, as is often the case with CCMs.⁷⁰

This means that regional PRs need to have more substantial strategic and technical capacity than a typical country PR, rather than focusing only on project management, in order to successfully oversee multi-country grants.

68 Ibid., at p35.

69 Global Fund OIG, Audit Report: Global Fund Multicountry Grants, 2019, at p13.

70 County Coordinating Mechanism Policy including Principles and Requirements, May 2018 at p3. Available at https://www.theglobalfund.org/media/7421/ccm_countrycoordinatingmechanism_policy_en.pdf (Accessed 28 June 2020).

3. Specific actions required to translate regional to national results

Regional and sub-regional results do not automatically translate into country results, even in jurisdictions such as the East African Community where regional law is automatically applicable to Member States. Regional and sub-regional initiatives would benefit from an increased focus on domestication of regional learning and policy, rather than just advancing regional learning and policy.

Evidence of successful regional programmes cited in this paper show that where funding for specific, follow-up support is provided for by the regional programme partners – including technical and financial support, creating accountability mechanisms, supporting leadership, sharing learning and best practices and undertaking joint advocacy initiatives – this increases the likelihood of changes at national level.

This also means that funding for regional programmes may need to accept the need for longer time frames to make a demonstrable impact at country and community level.

4. Need to create demand for evidence and utilization of data

There has been **too little attention paid in multi-country programmes to creating demand for evidence, learning and for utilizing data.**

“[W]hat makes a programme truly regional is the fact that countries can learn from each other’s best and worst practices, ensuring that the wheel is not reinvented and that regional mechanisms are used to address and discuss issues that cannot be discussed at the national level.”⁷¹

Regional programmes have highlighted the fact that, despite many differences in political, legal, social and cultural contexts, there are also many similarities between countries. Examples from this research show the benefit in learning and sharing evidence and replicating good practice across countries. Equally, however, many programmes have done a good job of producing new evidence and learning, which has not been adequately leveraged into practice. For instance, an evaluation of the Netherlands Regional HIV/AIDS and SRHR Programme noted, with respect to the Knows No Borders project, “there are many good practices emerging from the programmes related to working with community leaders, such as traditional leaders and local authorities to achieve changes in the enabling environment. These best practices are usually documented but not widely shared. This is a missed opportunity for discussing potential scaling up in other regions or using the best practice in another country. This is exactly the added value that a regional programme can bring.”⁷² The same evaluation also noted the potential for linking, learning and sharing between the five Netherlands-funded regional programmes, noting, for instance, the value that the findings from the Legal Environment Assessments in the LPP project have for various regional programmes.⁷³

It is important that regional programmes realize the critical role they can play in cross-country learning not only within, but also between regional programmes and specifically build knowledge management into programme design.⁷⁴ Some successful examples of how this may be and has been done include through using regional forums, conferences, e-forums and databases to (i) share and disseminate existing tools, resources and evidence across countries; (ii) translate and/or adapt these documents, to be useful in other contexts; (iii) include conscious efforts to monitor, evaluate and document learnings and good practices within regional programme activities; and (iv) allocate specific sessions at regional forums for sharing and discussing evidence, setbacks and achievements and their potential applicability to other countries.

5. Recognizing limited roles of regional networks

Multi-country programmes have successfully supported the emergence of several important key population networks in Africa and in sub-regions, as well as supporting learning, mutual support and joint action among those networks. At the same time, some donors and some project designs have placed **unrealistic and inappropriate expectations on such key population networks as project managers**, which does not necessarily reflect their role and strength.

71 MDF, Final Evaluation of the Netherlands’ Regional HIV/AIDS and SRHR Programme in Southern Africa, 2020 at p59-60.

72 Ibid., at p93.

73 Ibid., at p82.

74 Ibid., at p59-60 and p68.

For instance, AMSHeR's key strengths lie in its Pan-Africanist perspective and its diverse membership, across primarily Anglophone, but also Lusophone and Francophone countries in Africa. As a network with established partners and supporters, external evaluators have acknowledged AMSHeR for its effective contribution in bringing together national organizations to sub-regional and regional platforms – such as the ACHPR and ICASA, as well as global platforms – to articulate key concerns and advance the broader movement for the rights of MSM and LGBT individuals and inclusion in Africa.⁷⁵

Many key population networks are still in their infancy, growing their organizational capacity;⁷⁶ however, their inclusion and participation brings irreplaceable value to multi-country programmes. The most effective multi-country programmes do not depend on key population networks alone, but rather recognize and respond to their strengths – and limitations – creating roles and responsibilities for various partners within a coalition of organizations, and integrating capacity building efforts and mutual learning into project design.

6. Pan-African projects are costly

There is clearly a role for pan-African multi-country programming, particularly involving the African Union and related institutions. At the same time, **programmes with a very wide scope require acknowledging and building in considerable time, administrative support, resources and risk and assurance services** to support dealing with the inherent complexities that come with multiple political and legislative jurisdictions, different languages, budgeting and contracting in multiple currencies and providing for travel and translation-related costs, etc.⁷⁷

Some regional programmes side-step complexities by excluding Francophone and Lusophone countries, rather than spending significant amounts of funding on translation and travel. However, while it may be useful to recognize these limitations and encourage regional programmes to focus on sub-regional work, or language-specific multi-country programmes, it then becomes equally important to find ways to transfer capacity from one sub-region to another and across language barriers.

In addition, substantial cost-savings can be made in regional programmes by taking specific steps to reduce duplication of efforts and limit inefficiencies. Multi-country programmes can easily lead to duplication of efforts, as opposed to strategic collaborations to build on synergies. For instance, both the Global Fund HIV multi-country grant in the Southern Africa region and the Mozambique country grants had the same planned activities for the same target groups and areas. The OIG Audit Report further found duplication of activities and indicators in the multi-country South Asia HIV grant in Afghanistan, Nepal, Bangladesh, Bhutan and Sri Lanka.⁷⁸ An evaluation of the Netherlands regional SRHR programme noted the need for strategic collaboration between donors to leverage on the work of other regional programmes, over and above the exchange of information not only within, but between regional programmes.⁷⁹ For instance, it suggested a change in programme design to enable the LPP's work on law and policy reform to broaden its reach to support joint advocacy for law and policy reform between all five funded regional programmes, as discussed above. If acted upon, this recommendation would serve to maximize the investments in more costly regional programmes.

7. Dependency on champions limits sustainability

As is the case at country level, multi-country programmes are often **dependent on a small number of 'champions' in key institutions** such as government, civil society, the private sector, academia and the media, who are supported through sensitization, capacity building and inclusion and participation in key forums, to advocate for the rights of key populations.

For example, in 2018 ARASA trained a pool of media professionals from Botswana, Kenya, Malawi, Nigeria, Seychelles, Uganda and Zambia, also supporting their attendance at regional meetings on key HIV, TB and human rights issues, as observers. The media professionals were provided an opportunity to gain strengthened capacity to write accurate, non-stigmatizing articles on key issues, sit in on critical discussions and interview technical experts, in exchange for a commitment to publishing articles in their home countries.⁸⁰ The Southern African Litigation Centre's sub-regional work,

75 AMSHeR External Evaluation Report, 2017 at p2 and p5.

76 HiVOS et al., KP Reach: Results Assessment and Sustainability Plan, 2018 at p13 noted "we should definitely still be looking at capacity development of key population organisations; they are still not able to stand on their feet."

77 Global Fund OIG, Audit Report: Global Fund Multicountry Grants, 2019 at p12.

78 Global Fund OIG, Audit Report: Global Fund Multicountry Grants, 2019 at p11.

79 MDF, Final Evaluation of the Netherlands' Regional HIV/AIDS and SRHR Programme in Southern Africa, 2020 at p68.

80 ARASA, Annual Report 2018, at p39-41. Available at <https://www.arasa.info/media/arasa/Resources/annual%20reports/arasa--annual-report--2018.pdf> (Accessed 28 June 2020).

as part of the HIV Justice Network, built the capacity of champions amongst SADC PF Parliamentarians through their Standing Committees, and subsequently supported individual champions, e.g. in Zimbabwe, to further advocate against the criminalization of HIV transmission at country level.⁸¹

However, these efforts are not always sufficient, far-reaching or sustainable. Programme design should recognize this, widening beyond a small circle of partners when possible and also recognizing that capacity strengthening and advocacy is a continuous process requiring not only ongoing support for existing champions, but also efforts to widen the sphere of influence as politicians, senior civil servants and CSO leadership evolves.

A successful example of integrating efforts to grow and sustain a network of champions is that of the Global Fund RLB regional programme's work with the Regional Judges' Forum, mentioned previously. The annual meeting certainly included a core group of judges, building their capacity over a period of years. However, the Judges' Forum not only grew in strength and numbers over time; it also supported member judges to lead efforts to pass on learnings, building the capacity of their peers, as well as supporting a process to institutionalize HIV and human rights training into the judicial curriculum of countries across Africa.⁸² In South Africa, the South African Judicial Education Institute in partnership with UNDP conducted a Judicial Dialogue on HIV, TB and Human Rights in 2018, attended by regional, district magistrates and representatives of the National House of Traditional Leaders, establishing a Working Group to look into ways of integrating the training into the judicial curricula.⁸³

81 Lessons Learned from Regional HIV Programmes with Key Populations, 27-28 February 2020, Johannesburg, South Africa.

82 Innovative judges forum sensitizes African judges on HIV, TB, SRHR and human rights. Available at <https://www.undp-capacitydevelopment-health.org/en/legal-and-policy/case-studies/innovative-judges-forum> (Accessed 28 June 2020). See also Judicial Dialogue on HIV and the Law, 20 June 2018. Available at https://www.za.undp.org/content/south_africa/en/home/presscenter/speeches/2018/judicial-dialogue-on-hiv-and-the-law.html (Accessed 28 June 2020).

83 SAJEI, Judicial Education Newsletter, September 18, Issue 2 at p10. Available at https://www.judiciary.org.za/images/SAJEI/Judicial-Education-Newsletter/Judicial_Education_Newsletter_-_September_2018.pdf (Accessed 28 June 2020).



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