STRATEGIC SUMMARY

Data Mentorship Programme Review
Towards Triple Elimination of HIV, Syphilis, and Hepatitis B

Background

High-quality, timely data is the foundation of effective public health programming and a cornerstone in measuring progress towards the triple elimination of HIV, syphilis and hepatitis B. Over the past two decades great strides have been made to eliminate vertical transmission of HIV in Eastern and Southern Africa (ESA) where HIV infections in children were reduced by 85 per cent and AIDS-related deaths in children by 86 per cent between 2010 and 2024. Yet gaps remain, as nearly 40 per cent of children living with HIV in the ESA region are not on life-saving treatment and new infections persist, particularly among adolescent girls and young women (15-24 years).[1] Progress also lags in the other disease areas: African countries account for 60 per cent of global

congenital syphilis cases[2,3], and sub-Saharan Africa bears a significant burden of hepatitis B (up to 25 per cent of the global burden), with approximately 81–82 million people chronically infected, yet less than 2 per cent of infections are diagnosed and less than 0.1 per cent are treated[4,5].

Addressing the gaps in triple elimination requires rigorous use of quality data

To meet the need for resilient public health data systems, UNICEF and partners under the 2gether 4 SRHR programme[6] launched the Data Mentorship Programme (DMP)[7] in 2021. The initiative moves beyond

1   UNAIDS HIV Epidemiological Estimates 2025 https://aidsinfo.unaids. org/
2   *Pathogens* 2024, 13(6), 481; https://doi.org/10.3390/pathogens13060481
3   World Health Organization. *Syphilis Fact Sheet*. WHO, 2025. https://www.who.int/news-room/fact-sheets/detail/syphilis
4   WHO. *Global Hepatitis Report 2024*. World Health Organization.   https://www.who.int/publications/b/68511
5   Spearman CW et al. *A new approach to prevent, diagnose, and treat hepatitis B in Africa*. BMC Global and Public Health, 2023. https://link.springer.com/article/10.1186/s44263-023-00026-1
6   2gether 4 SRHR is a joint United Nations Regional Programme that brings together the combined efforts of UNAIDS, UNFPA, UNICEF and WHO, to improve the sexual and reproductive health and rights (SRHR) of all people in Eastern and Southern Africa. https://esaro.unfpa.org/en/2gether-4-srhr
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short-term fixes to strengthen national capacity for data-driven decision-making. Through a 14-week blended learning model that combines virtual modules, faculty mentorship, operational plan development by mentees, and modest implementation support, the DMP equips data and programme managers with practical skills to analyse, interpret and apply data for evidence-based policy and programme action. Since inception, 57 health professionals (mentees) from 14 countries in sub-Saharan Africa (primarily ESA) have completed the programme, embedding data use into national health systems.

Following three successful cohorts, an independent light review commissioned by UNAIDS confirmed the DMP's effectiveness, efficiency, and strategic relevance.[8] The review highlights the programme's potential for scalability and sustainability through integration into academic curricula, government systems, and regional frameworks. As countries intensify efforts toward triple elimination, the DMP stands out as a proven, adaptable model for strengthening and institutionalizing data capacity — a critical investment for resilient, evidence-driven public health.

Summary of Findings

The review confirmed that the DMP has significantly strengthened national capacity and established a regional network of data experts. The model was also found to have key elements of sustainability as well as key actions needed to ensure longevity. More specifically, the review found:

Effectiveness: The programme strengthened national health systems by embedding data analysis and use into core processes such as indicator development, elimination of vertical transmission reviews, and WHO's Path to Elimination (PTE) validation. Impact could be further enhanced through lower mentor-to-mentee ratios and structured post-training follow-up to sustain capacity gains.

Efficiency: The cost per mentee fell from $24,751 in Phase 1 to about $4,000 in later phases by shifting from in-person delivery to a blended model that uses live online sessions, an online learning platform with individual modules and virtual mentorship. Further cost reductions will depend on adopting more affordable digital platforms for course delivery.

Sustainability: Embedding the course within the University of Zambia and securing government ownership in Zambia have been critical steps toward institutionalizing the programme. Continued innovation is needed to reduce reliance on external funding for both course delivery and the implementation of mentees' operational plans.

Scalability: The programme model is adaptable across other health domains, such as maternal health and sexual and reproductive health and rights, however mentor shortages and digital infrastructure gaps currently impede expansion.

Replicability: The modular, flexible design demonstrates how structured, competency-based learning can be adapted across contexts to strengthen data systems. For broader application, key strategies include embedding training into national and academic frameworks, leveraging alumni networks for mentorship, and adopting cost-efficient digital platforms — approaches that can be replicated in other health domains and sectors to institutionalize data use.

Broader insights into data capacity building

Broader insights from the light review point to strategies that can strengthen data capacity across health systems, requiring dedicated and continuous effort for lasting impact. While the review also provides specific recommendations for improving the programme, these wider lessons offer practical approaches to embed data use sustainably and at scale.

Strengthen Programme Delivery

Improving mentorship quality and embedding operational plans into national systems requires sustained and deliberate effort to ensure continuity and impact.

- Build on existing resources by engaging alumni as mentors to expand capacity and foster peer learning.

- Maintain structured follow-up and support mechanisms to reinforce skills and institutionalize data use over time.

Enhance Cost-Efficiency

Reducing programme delivery costs requires affordable, scalable platforms and strong integration into national systems, while promoting country-led financing for sustainability.

- Integrate DMP costs into national and subnational health budgets and advocate for domestic investment in data strengthening as part of health system priorities.

- Explore cost-sharing strategies with governments, academic institutions, and the private sector to diversify funding sources.

Scale and Sustainability

To ensure lasting impact and regional reach, the programme must be institutionalized and scaled through deliberate planning and innovation.

- Embed the DMP into university curricula and partner with Regional Economic Communities and universities for accreditation.

- Establish alumni networks and Communities of Practice for ongoing peer learning.

- Integrate operational plan funding into government budgets and explore catalytic grants.

- Expand the use of affordable online platforms and explore AI-enabled tools for adaptive adult learning and translation.

- Develop a clear roadmap for scale-up aligned with national priorities and financing mechanisms.

Way Forward

The review underscores the growing importance of data capacity as a cornerstone of health systems resilience in today's development landscape. Beyond its proven impact on triple elimination, the Data Mentorship Programme illustrates how sustained investment in local expertise and institutional integration can transform data use. As countries face resource constraints, models like the DMP — anchored in universities, government systems, and regional frameworks — offer a scalable pathway to embed evidence-based decision-making at the heart of public health programming.