

UNAIDS 2023

REFERENCE

UNAIDS Technical Support Mechanism

Annual report 2021–2022

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Acronyms and Abbreviations

CLM	community-led monitoring
COP	PEPFAR Country Operation Plan
CSIH-WCA	the Civil Society Institute for HIV and Health in West and Central Africa
CSO	civil society organization
DSD	differentiated service delivery
EMTCT	elimination of mother-to-child transmission
GC7	Global Fund Grant Cycle for 2022–2025
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People living with HIV
ICW	International Community of Women living with HIV
ILO	International Labour Organization
ITPC	The International Treatment Preparedness Coalition
JHU	Johns Hopkins Bloomberg School of Public Health
LGBTI	lesbian, gay, bisexual, transgender and intersex
LMF	Last Mile First initiatives
OPM	Oxford Policy Management
PEPFAR	United States President’s Emergency Plan for AIDS Relief
PrEP	pre-exposure prophylaxis
NAC	national AIDS commission
NACA	Nigeria’s National Agency for the Control of AIDS
NASA	National AIDS Spending Assessments
NFM3	Global Fund New Funding Model 3
RST	UNAIDS Regional Support Team
STI	sexually transmitted infection
TAF	Technical Assistance Fund
TB	tuberculosis
TSM	Technical Support Mechanism
UBRAF	UN Joint Programme’s Unified Budget, Results and Accountability Framework
UCO	UNAIDS country offices
UN	United Nations
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
VMMC	voluntary medical male circumcision
WHO	World Health Organization

Executive Summary

This annual report provides an overview of the achievements of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Technical Support Mechanism (TSM) for the reporting period of 1 October 2021 to 30 September 2022. It highlights the provision of high-quality technical support that has enabled countries to respond effectively to the HIV epidemic, including addressing some of the longer term impacts of the COVID-19 pandemic.

The UNAIDS TSM was established in 2018. It is primarily funded by the Government of the United States of America through an agreement between UNAIDS and the United States Agency for International Development (USAID). The TSM ensures that investments made in country responses for HIV by the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) achieve optimal impact, and that countries have well-functioning and effective national HIV programmes. To that end, the TSM provides demand-driven technical support for national HIV responses that draws on a pool of more than 1,400 highly skilled consultants—84% of whom are based in the countries and regions of the assignment.

In order to ensure sufficient and timely progress toward global HIV commitments, targets and goals, the TSM supports countries in adopting evidence-informed policies, programmes and models for: (a) HIV and tuberculosis (TB) prevention, treatment and care; (b) gender and human rights; (c) community responses; (d) and health financing. These efforts contribute directly to successful outcomes for Global Fund funding requests and grants, support data-informed responses and programmes, and strengthen grant implementation at the country and regional levels, including initiatives that focus on strengthening community-led responses.

Through the partnership between USAID, PEPFAR, the Global Fund and UNAIDS, the TSM provides technical support to ministries of health and finance, national AIDS commissions (NACs), civil society organizations (CSOs) and communities affected by HIV.

As a centrally managed, country-driven mechanism, the TSM has three objectives:

1. Empowering countries to harness data to accelerate policy and implement programmes in priority areas, targeting key and vulnerable populations and interventions that will improve service outcomes.
2. Supporting countries and the communities within them to accelerate effective, efficient implementation of national HIV responses and Global Fund grants aimed at closing gaps in coverage and impact, with the emphasis on reaching underserved and key populations with innovative programmes and on removing barriers to access related to stigma and discrimination and gender.
3. Supporting countries to increase efficiency, domestic HIV resource mobilization and the sustainability of financing for their HIV responses, with an emphasis on community-led responses, rights and populations left behind.

Scope of TSM's technical assistance for Global Fund grants

The TSM undertook 157 technical support assignments over the 2021–2022 reporting period. There were 140 assignments in the priority regions: 55 in eastern and southern Africa, 43 in western and central Africa, 42 in Asia and the Pacific, and 17 assignments across other regions. Areas of support by number of assignments (a total of 125 assignments) were community and service delivery (33), epidemiological and strategic information (31), national strategic planning and review (27), treatment and testing (20), and HIV and economics (14), human rights and gender (9), Global Fund grant implementation (9) and health systems strengthening (1).

Key results through TSM support

- ▶ 59 countries developed or conducted key evidence and strategic information reviews, studies, assessments and plans. These were vital for targeted and efficient higher impact country HIV responses. They are also essential building blocks for Global Fund funding requests and funding through other donors, and for supporting domestic resource mobilization.
- ▶ 18 countries improved their HIV grant implementation, including accelerating the implementation of key grant elements, enhancing capacities and analysing implementation bottlenecks, thereby improving their capacity to reach global HIV targets.
- ▶ In 16 countries, networks of people living with HIV used the results of the People Living with HIV Stigma Index 2.0 studies for advocacy to support negotiations with governments on changes to discriminatory policies.
- ▶ 15 countries strengthened their HIV cascade for communities of key populations and people living with HIV, including expanding differentiated service delivery (DSD), a client-centred approach that simplifies and adapts HIV services across the cascade. DSD helps to improve service to people living with HIV based on their needs and to reduce burdens on the health system.
- ▶ In the Asia and the Pacific region, seven countries generated key strategic epidemiological and programmatic information or expenditure data for evidence-informed decision-making or resource allocation, focusing on key populations, including people who use drugs and transgender women.
- ▶ Seven countries developed or implemented high-quality, evidence-informed HIV prevention, treatment or care programmes focusing on key or underserved populations at the required scale.
- ▶ In six countries, people who use drugs were able to support drug policy reform, plan harm reduction services, create and implement advocacy road maps, and undertake drug policy country scans in support of more effective responses for this key population.
- ▶ In eastern and southern Africa, five countries increased the organizational capabilities of multisectoral stakeholders to strengthen community systems and community-led responses, including those led by youth and women's organizations.

- ▶ Four sub-Saharan African countries integrated national gender-responsiveness action plans into their multisectoral health and HIV, TB and malaria strategies, and five countries in western and central Africa finalized a synthesis report of legal framework assessments conducted in their countries to provide better protections for HIV and key populations.
- ▶ In western and central Africa, resource mobilization, community-led monitoring (CLM) initiative implementation and service delivery were enhanced through harmonized guidance and tools, capacity-building and horizontal learning opportunities for CSOs across the region. CLM improves accountability of HIV responses and advocacy through key population and other community-led organizations and networks.

The work of the TSM in the current period has included many assignments focused on the “building block” components that are necessary for Global Fund funding requests. These serve as a foundation for the forthcoming Seventh Replenishment of the Global Fund, which is expected to generate a significant increase in technical assistance requests made to the TSM. The new Global Fund Grant Cycle (GC7) runs from 2022–2025.

Context

The global HIV response is at a critical juncture. By the end of 2021, an estimated 38.4 million people were living with HIV, and 40.1 million people have died of AIDS-related illnesses since the start of the epidemic. While annual new HIV infections are declining, there were 1.5 million new infections in 2021. This total is far short of the 2025 target of 370,000 annual new infections agreed upon by Member States in the 2021 United Nations (UN) Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, which highlights the urgent need to intensify prevention efforts.

New 95–95–95 HIV cascade targets have been established to increase HIV testing, treatment and viral suppression levels across all populations and geographic areas, as well as drawing attention to the need for strengthened health systems and improved access to HIV services.

The COVID-19 pandemic has disrupted key HIV treatment and prevention services, with impacts extending through 2022. Although the HIV response in most countries demonstrated resilience in the face of COVID-19-induced adversities, fiscal burdens have increased and new crises including conflict, climate change and potential new pandemics remain on the horizon around the world.

While the majority of new HIV infections in 2021 occurred in sub-Saharan Africa (59%), the global share of new HIV infections is increasing in the rest of the world.

The expansion of HIV testing and treatment services was slower in 2021 than in any previous year since 2009. Moreover, while the number of people living with HIV on treatment increased by 1.47 million in 2021—reaching 28.7 million people—the uptake of treatment is lower in comparison to annual increases of over 2 million people in previous years. Although there were larger increases in treatment uptake in western and central Africa and eastern and southern Africa, treatment coverage in sub-Saharan Africa remains at 78%.

HIV responses in many countries are not on track. For example, despite decades of prioritization to address gender imbalances in new HIV infections in sub-Saharan Africa, adolescent girls and young women aged 15 to 24 years are still three times more likely to acquire HIV in comparison to boys and young men in the same age group. In the majority of countries outside this region, combination prevention interventions are not reaching sufficient scale or intensity.

Despite the availability of antiretroviral HIV medicines and treatment for opportunistic infections, deaths from advanced HIV disease continue to occur, with 650,000 people dying from AIDS-related illnesses in 2021. Tuberculosis (TB) and cryptococcal meningitis are leading causes of death, and people-centred integrated services—including preventive screening, diagnostics and treatment—need to be expanded.

The Global AIDS Strategy 2021–2026: End Inequalities, End AIDS highlights the critical importance of addressing the inequalities that underpin HIV and AIDS by drawing on the best evidence to identify gaps and prioritizing responses to ensure that the new 2025 targets are met. Intersecting inequalities include gender and HIV and interrelated inequalities that affect children and key populations living with HIV. For instance, only half of all children living with HIV were on treatment in 2021. Stigma and discrimination

and criminalization increase the vulnerabilities and inadequate access to treatment and care among sex workers, gay men and other men who have sex with men and other key populations. These challenges have persisted throughout the history of the HIV pandemic, and they are critical to ending AIDS by 2030.

International funding for HIV is declining and the funding needs for low- and middle-income countries are estimated to reach a shortfall of US\$ 8 billion by 2025. The collision between HIV, COVID-19 and a crippling debt crisis is reversing decades of progress and domestic investment—putting present and future investment in health and HIV at risk.

The Technical Support Mechanism and global strategic responses

The Technical Support Mechanism (TSM) is aligned with the Global AIDS Strategy 2021–2026, and it is informed by and supports the strategic responses of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the United States President’s Emergency Plan for AIDS Relief (PEPFAR).

As of June 2022, **The Global Fund** has provided 30% of all international financing for HIV programmes and has invested a total of US\$ 24.2 billion in programmes to prevent and treat HIV and AIDS and US\$ 5 billion in TB/HIV programmes. Prompt investments were also made in response to the COVID-19 pandemic, including addressing the links between COVID-19 and HIV. The Global Fund raises funds in three-year replenishment cycles and received record pledges of US\$ 15.7 billion in its Seventh Replenishment. This will support grant allocations in more than 120 countries to fight HIV, TB and malaria and to strengthen health systems over the next three-year period. The Global Fund’s Strategy 2023–2028 stresses the importance of building resilience, maximizing the inclusion of affected communities, improving health equity, gender equality and human rights, and continuing to mobilize and use resources effectively to meet targets and the 2030 goal within the context of present and future pandemics.

Through **PEPFAR**, the Government of the United States of America has invested over US\$ 100 billion in the global HIV response, which represents the largest commitment by any nation in history to address a single disease. PEPFAR has saved 25 million lives, prevented millions of HIV infections, and accelerated progress toward controlling the global HIV pandemic in more than 50 countries. PEPFAR delivers people-centred HIV prevention and treatment to millions of women, men and children, enrolling them in a continuum of care specific to their individual needs and contexts. By September 2022, PEPFAR was delivering antiretroviral treatment for over 20 million people and intensifying the HIV prevention response through the increased uptake of pre-exposure prophylaxis (PrEP), voluntary medical male circumcision (VMMC) and by reaching adolescent girls through the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) partnership.

PEPFAR’s new five-year strategy—*Fulfilling America’s promise to end the HIV/AIDS pandemic by 2030*—focuses on five strategic pillars: health equity for priority populations, sustaining the response, public health systems and security, transformative

partnerships and following the science. It builds on three enablers—community leadership, innovation and leading with data—to leverage PEPFAR-supported public health, community and clinical care platforms to confront other current and future health threats that impact people living with and affected by HIV. PEPFAR’s support for partner countries is implemented in close collaboration with the **United States Agency for International Development (USAID)**, which supports and sustains the achievement of HIV epidemic control in priority countries by providing global leadership in developing programmes that maximize impact.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads the global technical response to HIV, drawing on the experience and expertise of 11 UN system Cosponsors. UNAIDS provides strategic direction, advocacy, coordination and technical support to catalyse and connect leadership from governments, the private sector and communities towards ending AIDS as a public health threat by 2030.

UNAIDS leads the world’s most extensive collection on HIV epidemiology, program coverage and finance, and it regularly publishes authoritative data to inform an effective AIDS response. With over 70 country offices and 80% of its staff in the field, UNAIDS encourages dialogue towards decision-making, including bringing in voices and communities that have previously been left behind. Through the UN Joint Programme’s Unified Budget, Results and Accountability Framework (UBRAF) for 2022–2026, UNAIDS operates on an annual approved budget of US\$ 210 million per year. Areas of intensified focus include: (a) tackling inequalities to ensure equitable access to HIV services; (b) fostering leadership and supporting innovation for more inclusive HIV services; (c) scaling up HIV combination prevention, testing and treatment to close gaps; (d) championing the empowerment, resourcing and leadership of communities in the HIV response; and (e) strengthening societal enablers.

The UNAIDS TSM

The UNAIDS TSM was established in 2018. It is primarily funded by the United States Government through an agreement between UNAIDS and USAID. The TSM ensures that investments made in country responses for HIV by PEPFAR and the Global Fund achieve optimal impact, and that countries have well-functioning and effective national HIV programmes. To that end, the TSM provides demand-driven technical support for national HIV responses.

The TSM supports countries in adopting evidence-informed policies, programmes and models for HIV and TB prevention, treatment and care—and for gender and human rights, community responses and health financing—to ensure sufficient and timely progress toward global HIV commitments, targets and goals. These efforts contribute directly to successful outcomes for Global Fund funding requests and grants, support data-informed responses and programmes, and strengthen grant implementation at the country and regional levels, including initiatives that focus on strengthening community-led responses.

Through the partnership between USAID, PEPFAR, the Global Fund and UNAIDS, and in coordination with other technical support providers, the TSM provides technical support to national stakeholders including civil society organizations (CSOs) and communities to end AIDS as a public health threat by 2030 (Figure 1).

Figure 1.
TSM beneficiaries and partners

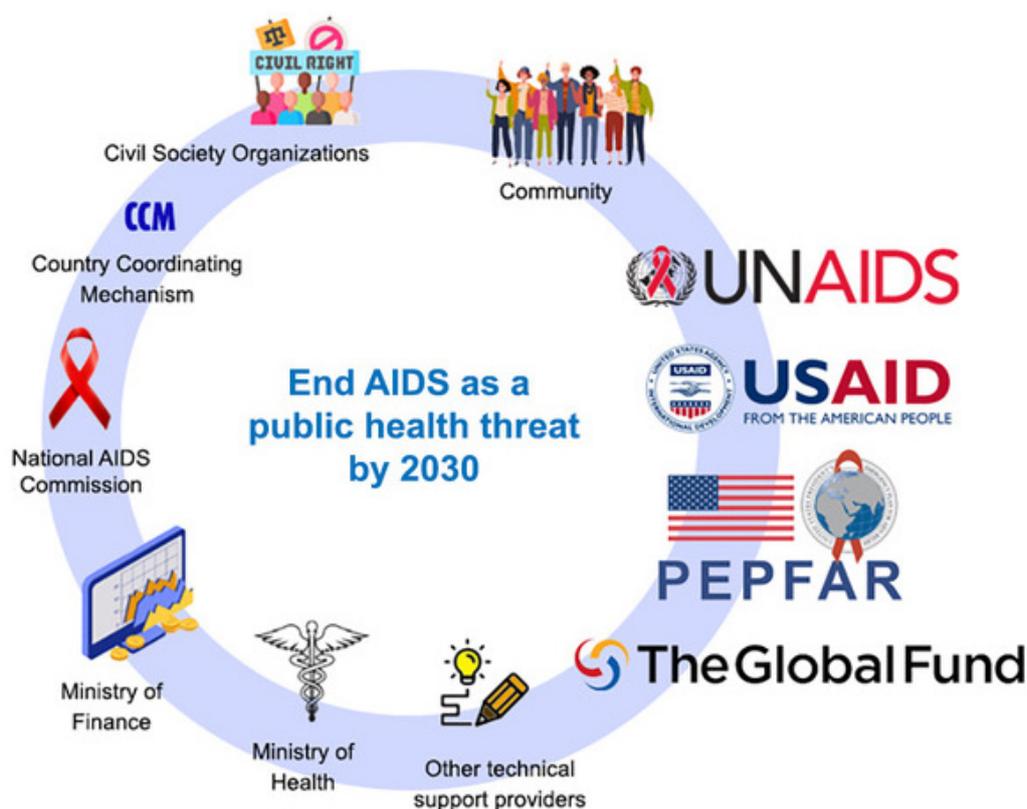


Figure 2.

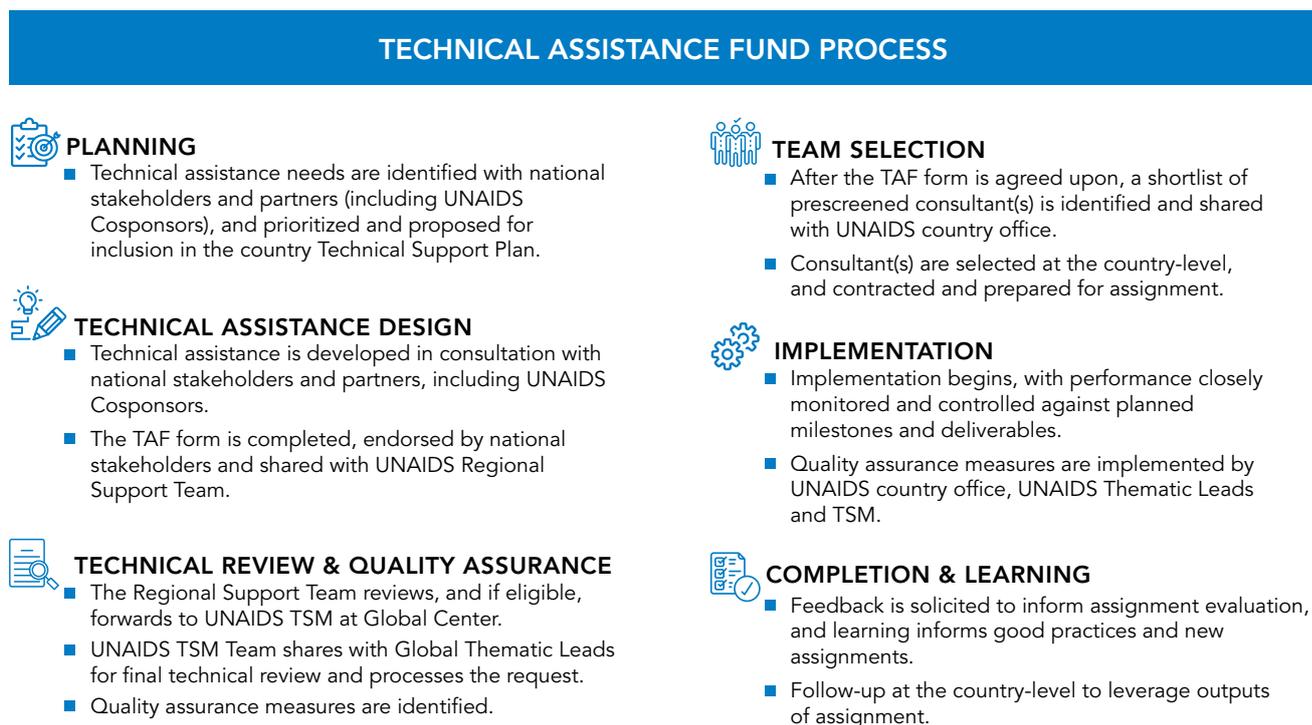


Figure 2 outlines the TAF process, with phases for planning, technical assistance design, technical review and quality assurance, team selection, implementation, and completion and learning.

The TSM's Technical Assistance Fund (TAF) activities are implemented through the implementing partner, Oxford Policy Management (OPM). Genesis Analytics, a South Africa-based member of the OPM consortium, supports TSM operations in eastern and southern Africa and ICI Santé in Ouagadougou, Burkina Faso, partners with OPM for support to west and central Africa.

The TAF is complemented by the Last Mile First initiatives (LMFs), which foster and enable legal and policy environments that complement and maximize Global Fund grant implementation and sustain the long-term impact of Global Fund, PEPFAR and national investments. LMFs focus on overcoming barriers related to country-level bottlenecks to Global Fund grant implementation by catalysing country demand and enabling multilevel country capacity in three areas: 1. community-driven data and community-led advocacy; 2. human rights and gender; and 3. equitable and sustainable financing. LMFs align with Global Fund priorities in these areas, tackling the gaps and barriers that impede effective HIV and TB responses by creating an enabling environment, improving intervention approaches, contributing to coherent policies and building national capacity. LMF technical support is delivered through seven implementing partners.¹

¹ The seven partners are: the Civil Society Institute for HIV and Health in West and Central Africa (CSIH-WCA); the Global Network of People living with HIV (GNP+); Heidelberg University; the International Community of Women Living with HIV (ICW); the International Treatment Preparedness Coalition (ITPC); Johns Hopkins Bloomberg School of Public Health (JHU); and Pharos Global Health Advisors.

Technical support is provided by consultants and partners, contracted through the implementing partners, with technical guidance from UNAIDS staff and Cosponsors. UNAIDS country offices (UCOs) lead country-level coordination for TSM technical support, in close collaboration with national partners, civil society, Cosponsors, other technical assistance providers, the Global Fund and the United States Government. UCOs broker and maintain political dialogue and coordinate TAF demands based on country contexts, Global Fund grant cycles, country needs and UNAIDS added value.

The TSM supports effective, efficient, rights-focused, people-centred and sustainable programmes and systems to meet the 2025 global HIV targets through three result areas.

- ▶ **Result Area 1: Harnessing data:** Countries are empowered and harnessing data to accelerate policy and programmatic implementation in priority areas, targeting key and vulnerable populations and interventions that will improve service outcomes.
- ▶ **Result Area 2: Accelerating implementation:** Countries and communities within them accelerate effective, efficient implementation aimed at closing gaps in coverage and impact, with the emphasis on reaching underserved and key populations with innovative programmes and on removing barriers to access related to stigma, discrimination and gender.
- ▶ **Result Area 3: Efficiency and domestic investment increases are maximized:** Countries increase efficiency, domestic HIV resource mobilization and the sustainability of financing for their HIV responses, with emphasis on community-led responses, rights and populations left behind.

Through TSM support, countries strengthen community-led responses, including leadership by and for people living with and affected by HIV, key populations, and women and young people towards achieving the 30–60–80 targets in the Global AIDS Strategy 2021–2026:

- ▶ 30% of testing and treatment services to be delivered by community-led organizations.
- ▶ 60% of the programmes to support the achievement of societal enablers to be delivered by community-led organizations.
- ▶ 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community, key population and women-led organizations.

The TSM also provides support towards the 10–10–10 targets:

- ▶ Reducing the number of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence to less than 10%.
- ▶ Ensuring that less than 10% of countries have restrictive legal and policy environments that lead to the denial or limitation of access to HIV services.
- ▶ Ensuring that less than 10% of people living with, at risk of or affected by HIV experience stigma and discrimination.

The TSM's overall approach aligns with PEPFAR's new five-year strategy (*Fulfilling America's promise to end the HIV/AIDS pandemic by 2030*), USAID's *Vision for health system strengthening 2030*—which prioritizes medium-term outcomes that emphasize equity, quality and resource optimization—and the Global Fund's Strategy 2023–2028. Figure 3 shows the TSM Theory of Change.

Figure 3.
TSM Theory of Change



Specific priorities of the Global Fund that are supported by the TSM include:

- ▶ Maximizing people-centred and integrated systems for health to deliver on resilience and sustainability.
- ▶ Maximizing health equity, gender equality and human rights.
- ▶ Strengthening resource mobilization, sustainability, health financing and value for money.
- ▶ Contributing to pandemic preparedness.

National strategic policies and programmes operate primarily through national health systems, including civil society and community-led responses. Together, the TSM TAF and LMFs support national and civil society systems and responses to improve health outcomes in line with global strategic objectives. As a result, programmes can reach key and vulnerable populations and expand HIV service provision and demand in

challenging contexts. This contributes to changes in attitudes and norms to support health and it reduces human rights barriers and gender inequalities to advance equity in HIV response outcomes. These initiatives also strengthen national ownership of the HIV response and increase efficient programming, domestic investments and sustainability.

The TSM draws on a pool of more than 1400 consultants, 84% of whom are based in the countries and regions of the assignments on which they work. The COVID-19 pandemic contributed to the decision to significantly increase the use of in-country consultants across all thematic areas. There are also ongoing efforts to increase the skills base for all consultants and to diversify the consultant pool including by gender, country of origin, expertise in community-led response, human rights and other technical areas, and capacity to respond in Francophone and other language settings. Consultants are supported by learning webinars on various subjects and mentoring and support from senior consultants. Most contracts are delivered by consultants from the relevant region or country, an approach that aligns with PEPFAR's focus on investing in local capacity and that supports longer-term sustainability. UNAIDS teams and consultants are encouraged to make technical support transformative by ensuring country ownership and effective stakeholder engagement processes to maximize support and political commitment. Consequently, emphasis is placed on learning and results, evidence-informed approaches, and capacity development for national counterparts and all consultants.

TSM focal countries for the 2021–2022 period include high HIV burden countries in eastern and southern Africa, western and central Africa, and Asia and the Pacific, and selected countries in Latin America and the Caribbean, the Middle East and North Africa, and eastern Europe and central Asia (Figure 4).

Figure 4.
Countries supported by TSM, October 2021–September 2022



Summary of results

The TSM undertook 157 TAF assignments over the 2021–2022 reporting period. Of these, 88 were completed and 69 were ongoing at the end of the reporting period.

There were 140 assignments in the priority regions of eastern and southern Africa (55), western and central Africa (43) and Asia and the Pacific (42), as well as 17 assignments across other regions.

Figure 5 shows the number of assignments by technical area. Technical support for community and service delivery was most requested (33 assignments) and health system strengthening were the least requested (1 assignment).

Figure 5. Number of technical support assignments by theme: October 2021–September 2022



Additionally, through TSM support:

- ▶ 59 countries developed or conducted key evidence and strategic information reviews, studies, assessments and plans. These were vital for targeted and efficient higher impact country HIV responses. They are also essential building blocks for Global Fund funding requests and funding through other donors, and for supporting domestic resource mobilization.
- ▶ 18 countries improved their HIV grant implementation, including accelerating implementation of key grant elements, improving capacities and analysing implementation bottlenecks, thereby improving their capacity to reach global HIV targets.

- ▶ 17 countries developed or implemented high-quality, evidence-informed HIV prevention, treatment or care programmes that focus on key or underserved populations at the required scale.
- ▶ In 16 countries, networks of people living with HIV used the results of the People Living with HIV Stigma Index 2.0 studies for advocacy to support negotiations with governments on changes to discriminatory policies.
- ▶ 15 countries strengthened their HIV cascade for communities of key populations and people living with HIV, including expanding differentiated service delivery (DSD), a client-centred approach that simplifies and adapts HIV services across the cascade, improving service to people living with HIV based on their needs and reducing burdens on the health system.
- ▶ In Asia and the Pacific, seven countries generated key strategic epidemiological and programmatic information or expenditure data for evidence-informed decision-making or resource allocation, with a focus on key populations, including people who use drugs and transgender women.
- ▶ In six countries, people who use drugs were able to support drug policy reform, plan harm reduction services, create and implement advocacy road maps, and undertake drug policy country scans in support of more effective responses for this key population. Sub-Saharan African countries integrated national gender-responsiveness action plans into their multisectoral health and HIV, TB and malaria strategies, and five countries in western and central Africa finalized a synthesis report of legal framework assessments conducted in their countries to provide better legal protections for HIV and key populations.
- ▶ In eastern and southern Africa, five countries increased the organizational capabilities of multisectoral stakeholders to strengthen community systems and community-led responses, including those led by youth and women's organizations.
- ▶ In western and central Africa, resource mobilization, community-led monitoring (CLM) initiative implementation and service delivery were enhanced through harmonized guidance and tools, capacity-building and horizontal learning opportunities for CSOs across the region. CLM improves accountability of HIV responses and advocacy through key population and other community-led organizations and networks.

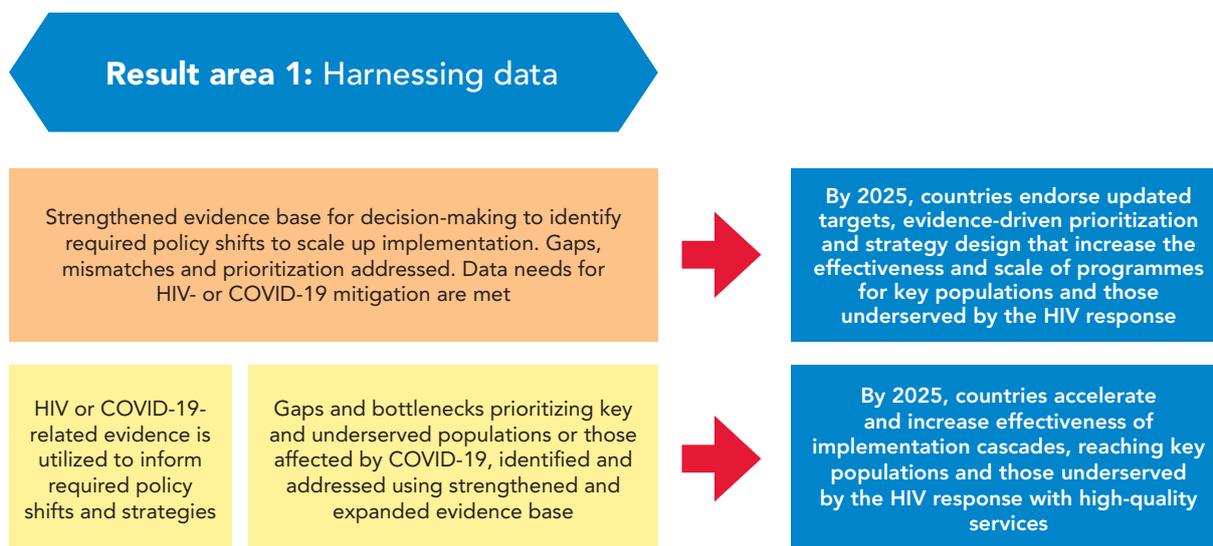
Result area 1: Harnessing data

Strategic information is vital for improving the effectiveness, efficiency and equity of country HIV responses. Technical assistance in this area includes generating granular data and evidence to support the building blocks that are necessary to inform and strengthen Global Fund grant development and to monitor and address gaps and implementation bottlenecks. This involves evidence-informed strategy revisions, program targeting adjustments and impact assessments that clarify the resource allocations necessary to scale up programmes for key and underserved populations.

An overview of the specific outputs and intermediate outcomes of this Result Area is presented in Figure 6. The outputs contribute two intermediate outcomes by 2025:

- ▶ **Intermediate outcome 1:** Countries endorse updated targets, evidence-informed prioritization and strategy design that increase the effectiveness and scale of programmes for key populations and those underserved by the HIV response.
- ▶ **Intermediate outcome 2:** Countries accelerate and increase effectiveness of implementation cascades, reaching key populations and those underserved by the HIV response with high-quality services.

Figure 6.
Result Area 1



Note: Adjustments were made to the outputs and outcomes for this result area over the reporting period. This figure reflects the most recent outputs and outcomes.

Strengthening evidence-informed prioritization and strategy design

Disruptions related to the COVID-19 pandemic led to various adaptations in HIV service delivery and highlighted the need for pandemic preparedness, including building more robust and resilient national health systems to support the HIV response. Good practices and lessons emerged in many countries.

In the latter months of 2021, it was still challenging to undertake surveys and subnational data collection due to COVID-19 restrictions. There were, however, opportunities for TSM to support midterm reviews of strategic plans. In Lesotho, for example, the National HIV and AIDS Strategic Plan 2018–2023 was reviewed and epidemiological data were updated. Similarly, Kenya, Senegal and South Africa completed National AIDS Spending Assessments (NASAs) to inform future resource allocation.

The 95–95–95 targets are ambitious and require a clear understanding of the HIV response trajectory that is necessary for achieving them. In Thailand, a review of national progress was conducted to identify gaps and bottlenecks, and the results were used to facilitate national- and city-level ownership of strategic directions and priorities in order to strengthen political commitment to the response among key stakeholders.

In Bangladesh, through TSM support, HIV estimates that were analysed through the Spectrum model served as the basis for modelling prioritized intervention scenarios for prevention and treatment. This, in turn, led to more effective programming for HIV prevention. A similar process was undertaken in the Dominican Republic that included capacity development of government personnel and generated robust evidence for the forthcoming national HIV plan and Global Fund funding request. It also supported the capabilities for future estimate processes to be undertaken without the need for consultants.

Criminalization and HIV-related stigma and discrimination contribute to fear and mistrust of government services among people living with HIV and key populations, including people who use drugs. This constrains access to health and HIV services. A formative study was conducted in the Philippines among people who use drugs in order to investigate cross-cutting issues and factors that influence drug use. The findings contributed to geographic prioritization of HIV response in the Philippines and contributed to the development of comprehensive intervention packages, and informed the inclusion of people who use drugs in forthcoming HIV strategies and plans.

In Nigeria, a gender assessment of the HIV response that was implemented in the previous reporting period was used to generate evidence that led to recommendations for addressing women's access to antenatal care and HIV services. The assessment identified the best practices relevant to Nigeria's programming and planning processes, including for the Global Fund and PEPFAR grants. The results helped the country respond to the findings of an audit of Global Fund grants by the Global Fund's Office of the Inspector General. The audit found that institutionalizing PMTCT in other existing maternal and child health services would improve access to services.

Accelerating and increasing the effectiveness of implementation cascades

The TSM supported countries to use evidence to integrate a range of HIV- and COVID-19-related data and evidence into policies and strategies.

Following COVID-19 disruptions to health service delivery in Nigeria, good practices were identified that contributed to codifying measures to ensure HIV treatment adherence and improve HIV service coverage in pandemic circumstances. The TSM also contributed to invigorating interest and commitment to universal health coverage in the country.

In Côte d'Ivoire, through TSM support, a five-year human rights plan was revised into a National Action Plan for human rights, drawing on findings from the People Living with HIV Stigma Index 2.0 and a technical assistance needs assessment. An action plan for faith-based organizations contributed to strengthening the capacities of religious leaders to counter stigma against key and vulnerable populations. Under the auspices of Caritas, 22 religious "guides" were capacitated using the Galvanizing Religious Actors for better Identification and Linkage to paediatric HIV (GRAIL) methodology. Through TSM, participants learned about the scientific aspects of paediatric HIV, as well as approaches to communication for engaging leaders in the faith sector. Through this work, TSM contributed to strengthening CSO and key population activities, also contributing to the Government's COVID-19 vaccination campaign and enhancing collaboration between the national AIDS control program and the Ministry of Justice around human rights issues and key populations.

In the United Republic of Tanzania, Spectrum Goals modelling was supported to inform understanding of the most efficient coverage and highest impact of HIV prevention services. A stakeholder review drew on previously developed analyses and recommendations to develop a new national multisectoral strategic framework for HIV and AIDS and an investment case to review HIV response scenarios and guide resource mobilization.

The Southern African Development Community (SADC) was supported to develop a regional HIV and AIDS monitoring and evaluation framework, an evaluation plan and an associated data management system—all of which inform data-driven decision-making and improve accountability towards HIV targets.

In Liberia, TSM support to developing a comprehensive monitoring and evaluation plan for the country's National Strategic Plan 2021–2025 included measures to address structural problems that were identified in a system strengthening assessment carried out at the start of the assignment. Stakeholder engagement in the development of a monitoring and evaluation plan improved their willingness to address current data bottlenecks in the system. The plan contributes to improving access to HIV services among key and vulnerable populations.

In the Philippines, support in Quezon City drew on COVID-19 pandemic experiences to guide the development of a five-year action plan on HIV. This contributed to strengthened evidence-informed prioritization at the subnational level, and it strengthened local responses and programmes for underserved or key populations following COVID-19 disruptions.

In Tajikistan and Kazakhstan, the TSM supported the development of rights-focused briefs that addressed the decriminalization of HIV transmission and compulsory HIV testing, respectively, to support advocacy for change. The initiative in Kazakhstan, which drew on the results of the People Living with HIV Stigma Index 2.0, included a

strong emphasis on women living with HIV and gender-related policy issues and put forward additions to educational curricula for the judiciary, corrections staff, nurses and physicians.

In Pakistan, the TSM supported a feasibility study on opioid substitution therapy (OST), which included negotiation to balance government and nongovernmental service provision. Against a background of legislative changes, this will contribute to an improved HIV response for key populations. In Nigeria, the Drug Harm Reduction Advocacy Network (DHRAN) received support to inform harm reduction services and to increase the meaningful involvement in decision-making of people who use drugs.²

In the United Republic of Tanzania, the TSM supported a comprehensive situation analysis that informed the assessment of progress towards achieving the elimination of mother-to-child transmission (EMTCT). The findings feed into the development of a new multiyear operational plan for the EMTCT of HIV and syphilis for the forthcoming period.

TSM support in South Africa consolidated evidence that contributed to the development of plans for youth HIV prevention, strengthening the strategic plan on preventing gender-based violence and femicide, and contributing to the national strategic plan for HIV, TB and sexually transmitted infections (STIs).

TSM support of a mid-term review of Eswatini's National Multisectoral HIV and AIDS Framework 2018–2023 (NMHAF) identified a lack of funding resulting from global and domestic economic downturns as the main barrier facing the country in implementing and sustaining the Framework and meeting targets. The review recommended increasing investment, with a focus on adolescent boys and girls, young women and men, gay men and other men who have sex with men, and people who use drugs. It also recommended comprehensive sexuality education for in- and out-of-school and key population youth, as well as introducing youth-friendly reproductive health and other health services.

To showcase the HIV-related needs of young people, #UPROOT scorecards were applied to support communities of young people in seven countries. The scorecards are a simple tool for youth-led groups to provide evidence that supports changes in HIV policy and resource allocation. They include community consultations and consensus meetings and surveys. The process is flexible enough to be adapted for use in different contexts and countries. A key outcome was the creation of linkages and collaboration between key population-led organizations and Global Fund project implementers. The scorecard results will be used in Ghana and Burundi to develop advocacy plans for technical assistance to the forthcoming Global Fund Grant Cycle for 2022–2025 (GC7).

² Note: United States Government funds are not utilized for needle exchange programmes, and this TSM support did not involve any needle exchange programmes.

CASE STUDY: reviewing AIDS Policy in the Gambia

In the Gambia, a review of the country's AIDS policy was needed to align it with the new national strategic plan, global commitments and guidance from UNAIDS and the World Health Organization (WHO).

The TSM-supported AIDS Policy Review resulted in an updated policy that aligns with the new national strategic plan, the global 95–95–95 testing and treatment targets, and the 10–10–10 targets set out in the Global AIDS Strategy 2021–2026. The updated policy also serves as a guide to support the forthcoming Global Fund GC7 funding request development process.

The new AIDS Policy provides quality, evidence-informed strategic direction and programmatic approaches that are responsive to HIV-affected populations. The approach followed also used an inequalities lens to ensure that the HIV response addresses discriminatory laws, human rights and gender-related barriers, and that it supports quality programmes in the national HIV response, including those for key populations. The process built consensus among stakeholders on the interventions required to support the national response, and it increased understanding of human rights- and gender-related barriers among key stakeholders. A comprehensive policy direction on health systems strengthening for the national response emerged, including the training of health-care providers.

Result area 2: Accelerating implementation

Technical support in Result Area 2 contributes toward developing Global Fund funding requests and accelerating effective and efficient implementation of Global Fund grants towards the 2025 global AIDS targets and commitments. There is a focus on reaching underserved and key populations with innovative programmes and interventions, and on removing barriers to access related to stigma and discrimination, gender and human rights.

There is an emphasis on strengthening civil society and communities through initiatives that reduce stigma and discrimination—primarily through implementing the People Living with HIV Stigma Index 2.0—and through addressing inequalities related to gender and key and vulnerable populations in order to advance equity in national HIV responses and outcomes.

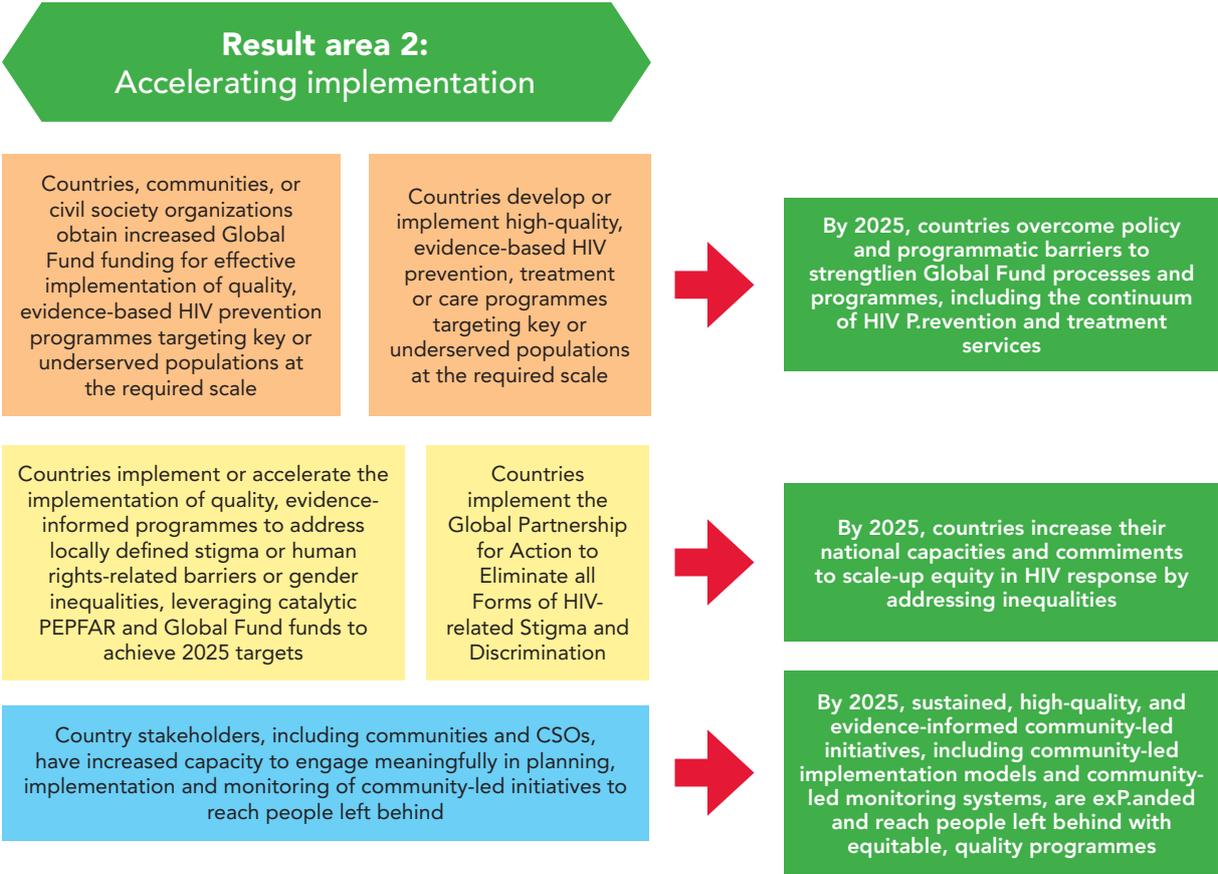
Engagement by CSOs and the community-led response in western and central Africa is supported through the TSM implementing partner, CSIH-WCA. This work empowers communities, including networks of people living with HIV and key and vulnerable populations living with HIV. In eastern and southern Africa, which has the highest HIV burden, the TSM provides diverse support to strengthen response according to country priorities.

Strengthened community-led responses contribute to sustainability of the HIV response through capacity-building of community networks and systems. It also ensures their inclusion as key national stakeholders. Underserved key populations, such as people who use drugs, are also empowered to advocate for vital changes that are necessary to support their needs.

An overview of the specific outputs and intermediate outcomes of this Result Area is presented in Figure 7. The outputs contribute to three intermediate outcomes by 2025:

- ▶ **Intermediate Outcome 1:** Countries overcome policy and programmatic barriers to strengthen Global Fund processes and programmes, including the continuum of HIV prevention and treatment services.
- ▶ **Intermediate Outcome 2:** Countries increase their national capacities and commitments to scale up equity in HIV response by addressing inequalities.
- ▶ **Intermediate Outcome 3:** Sustained, high-quality and evidence-informed community-led initiatives, including community-led implementation models and CLM systems, are expanded and reach people left behind with equitable, quality programmes.

Figure 7.
Result Area 2



Note: Adjustments were made to the outputs and outcomes for this result area over the reporting period. The figure reflects the most recent outputs and outcomes.

Overcoming policy and programmatic barriers that slow implementation efficiency of treatment and prevention services

The TSM contributes to increasing Global Fund funding allocations for specific HIV prevention, treatment and care interventions, and to obtaining increased resources from HIV grant reprogramming. Technical support also enhances country preparations for the forthcoming Global Fund GC7 funding request development process.

In the Central African Republic, the TSM supported the reprogramming of the Global Fund's New Funding Model 3 (NFM3) grants to address challenges and bottlenecks, and to ensure the greater involvement of CSOs in the forthcoming GC7 funding request development process through the Zero Discrimination Platform. The work engaged members of key populations and included an assessment of legal and human rights issues that provided binding recommendations for all, including state actors.

Specific barriers to achieving testing and treatment targets were addressed in Mozambique, where an evidence-informed, community-owned and rights-based HIV prevention road map contributed significantly to Global Fund-funded activities and PEPFAR's Country Operational Plans (COPs).

Progress towards reaching the new 95–95–95 targets has been slow in Indonesia: by the end of 2020, only two thirds of people living with HIV knew their HIV status, only approximately 25% were on treatment, and roughly one in four were virally suppressed. In the context of policy gaps, lack of commodities and insufficiently trained staff in Indonesia, the TSM supported the expansion of HIV services sites through training and mentoring staff at existing and new HIV testing and treatment facilities. It also supported collaboration and engagement with people living with HIV and various key stakeholders. This work contributed to the scale-up of mentoring and monitoring related to the delivery of good quality, decentralized clinical care in line with WHO guidance and the Global Fund HIV Briefing Note.

In Zambia, a TSM consultant led the first of two PrEP-it capacity-building sessions, with around 100 delegates from 15 sub-Saharan African countries.³ PrEP-it is a platform to assist with PrEP program planning, monitoring and evaluation. The sessions supported the capabilities of each country's delegation to plan and facilitate a PrEP target-setting exercise in their respective countries using PrEP-it.

³ PrEP-it was first developed in 2019 in response to requests for assistance with target-setting, costing, and other planning and analysis activities for oral PrEP.

CASE STUDY: assisting Luanda’s Fast-Track HIV Plan

HIV in Angola is prevalent mainly in urban areas, with an adult HIV prevalence of 1.6%. Around one third of Angola’s population resides in the capital city, Luanda.⁴ Luanda became a member of the health- and development-focused worldwide alliance of cities in November 2021, signifying its commitment to providing enhanced HIV services for its citizens.

Support was provided by the TSM for an HIV prevalence survey to guide the development of Luanda’s five-year Fast-Track HIV Plan (2022–2026). The Spectrum Goals model was used to demonstrate how the amount and allocation of funding related to the achievement of national goals, including ranking alternative intervention scenarios and calculating costs for those scenarios. The support illustrates how modelling can be integrated into a plan to assist with guiding the magnitude of necessary interventions and providing a basis for cost estimation.

Luanda’s new plan guides the reduction of new HIV infections and AIDS mortality to a set target, and it informs the steps needed to meet 95–95–95 targets. It also provides a template for other Angolan cities to develop their own HIV plans.

Scaling up equity and gender-transformative HIV responses through reduced stigma and discrimination, human rights-related barriers and gender inequalities

The TSM’s support in this area aims to increase national capacities and commitments to scale up equity and gender-transformative HIV responses, thereby reducing stigma and discrimination, human rights-related barriers and gender inequalities. Such approaches support improved access to vital HIV services, address specific needs of key and vulnerable populations, and include networks of people living with HIV.

The People Living with HIV Stigma Index 2.0 is one of the most reliable sources of information to support HIV-related advocacy, and to design and assess interventions aimed at reducing stigma and discrimination (including those supported by the Global Fund). HIV Stigma Index 2.0 studies were conducted in 14 countries, enabling regional analysis of stigma and discrimination trends, as well as supporting the wide dissemination of regional-level findings and regional strategy planning. In Jamaica, for example, the results of the study helped the UN Joint Team and donors identify critical gaps for addressing human rights barriers, and they also informed the development of an advocacy plan.

To further support the implementation of the Stigma Index 2.0, the TSM supported community consultant academies in eastern and southern Africa and in Asia and the Pacific to build the capacity of people living with HIV to lead and properly implement the People Living with HIV Stigma Index 2.0 methodologies. A new training series on gender equity was also developed, which focuses on strengthening the

⁴ Angola Country Operational Plan COP 2021 strategic direction summary. Washington (DC): PEPFAR; 2021.

leadership of women living with HIV and members of key populations. The training supports implementation of the study and contributes to gender-focused policy recommendations.

In Nigeria, where the highest number of new HIV infections are among adolescent girls and young women, the TSM supported the updating of the HIV gender assessment to help Nigeria's National Agency for the Control of AIDS (NACA) better address this gendered epidemic and provide more effective and appropriate services to women and girls. The gender assessment charts a path to the goal of reducing the proportion of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence to less than 10%. Recommendations include a NACA capacity-building program to build gender analysis and planning expertise across its sectors.

Through TSM support, there have been advances in gender and human rights-based HIV responses and policies across several countries. In Thailand, for example, technical support helped mobilize the private sector to support non-discriminatory workplaces that are free of mandatory HIV testing for job applicants. This particularly benefits young people entering the workforce.

In Uganda, Global Fund resources were leveraged to finalize, launch and disseminate the first National Policy Guidelines on Ending HIV-related Stigma and Discrimination. In Mozambique, a mapping of the Ministry of Health and National AIDS Council's stigma and discrimination reduction activities formed the basis of a new implementation road map for the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination (the Global Partnership). UNAIDS, the United Nations Development Programme (UNDP), and the International Labour Organization (ILO) aligned their efforts with parliament, the judiciary and the Human Rights Commission to develop a Global Partnership action plan and to roll out Mozambique's 2021–2024 national strategic plan.

In Indonesia, a network of organizations of people who use drugs—Persaudaran Korban Napza Indonesia (PKNI)—was supported to develop a five-year road map that prioritizes the availability of HIV services linked to the values, preferences and needs of people who use drugs. A country scan of the legal and policy environment was also conducted. These data support advocacy for GC7 funding.

Sustained, high-quality and evidence-informed community-led initiatives are expanded and reach people left behind with equitable, quality programmes

Technical support in this area focuses on increasing equity in, and effective coverage of, the HIV response through an expanded community-led response—particularly in western and central Africa.

Social protection benefits are a key mechanism of support for key populations. In Togo, the social protection system has had limited coverage and receives low levels of public spending. Social protection for vulnerable populations, including key populations, is mainly provided through cash transfer projects that are restricted in scope and duration, and it is mainly funded by external development assistance. The TSM supported an HIV and social protection assessment that identified 16 institutions currently providing social protection, most of which focus on workers, unemployed young people and people experiencing vulnerability, poverty and social exclusion. The institutions provided support to 18 social protection schemes accessible to people

living with HIV or TB. Recommendations included ensuring political endorsement for a social protection national policy that was developed together with key and vulnerable populations. Social protection assessments were also conducted in Benin, the Central African Republic and Côte d'Ivoire.

CASE STUDY: increasing resources to key population-led organizations

Technical support was provided to the National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK) to document the contribution of CSOs in reaching HIV targets. Kenya has recent (2020) guidelines on the greater and more meaningful involvement of people living with HIV, which provide for partnering with the government to support networks of people living with HIV to implement programmes. The data collected provide a baseline for achieving the 30–60–80 targets.

The review found that faith-based organizations in Kenya are major partners in health care provision, providing nearly 40% of health services countrywide. However, more than 80% of respondents indicated that financial support for the civil society sector is inadequate.

It also provided examples of new opportunities for investing in community-led responses and helped to mobilize resources in line with the Kenya AIDS Strategic Framework II 2020/21–2024/25. The Framework commits to exploring alternative models of resource mobilization and allocation, such as social contracting mechanisms, social impact bonds and investments through social responsibility frameworks.

Another outcome of the review was the strengthening of the implementation of Kenya's internationally funded programming by improving understanding of the effective role of community-led organizations in delivering results and focusing attention on the need for targeted funding. This led to increased subgranting of Global Fund and PEPFAR funds to key population-led organizations, thereby increasing HIV prevention coverage and expanding access to HIV services.

Gender and human rights plans and assessments supported by the TSM have provided strategic information to influence changes in policies and programmes. In Senegal, South Africa and Togo, national gender-responsive action plans have been integrated into multisectoral health and HIV, TB and malaria strategies.

In Kazakhstan, a legal and policy environment assessment highlighted the need for a nationwide system of paralegal assistance for people living with HIV and lesbian, gay, bisexual, transgender and intersex (LGBTI) people, and it contributes to justice reform. In western and central Africa, five CSOs were assisted with completing a synthesis report of country legal framework assessments related to HIV and key populations, which supported improving legal protections.

In South Africa, women living with HIV who reported experiencing forced or coerced sterilization in state hospitals benefited from technical support to document the violations of their rights and from negotiations made on their behalf.

In Botswana, the TSM supported a request by the International Community of Women Living with HIV (ICW) to conduct a revised process for the validation of EMTCT that included a human rights assessment and the engagement of women living with HIV in the National Validation Committee. Following support by the Government of Botswana, the country was the first in Africa to be awarded Silver Tier status by WHO on the EMTCT Path to Elimination, a route for high HIV burden countries to obtain certification of progress. It now serves as a reference point for other countries undergoing this process.

In western and central Africa, the TSM supported a civil society thematic group on children and adolescents to develop a visual communication package on HIV prevention and access to sexual and reproductive health and HIV services for adolescents and young people. The package supports peer-to-peer communication on behaviour change for this population, including adolescent girls and young women who are particularly vulnerable. It has already been used in Liberia and Nigeria.

In Uganda, the TSM supported the Health Global Access Project in working with community-led organizations to increase capacities for data collection, analysis and evidence for advocacy. Through strengthened data, a set of recommendations were raised through the 2022 People's Voice Uganda report, outlining recommendations and priorities for PEPFAR COP22. The report was shared with the United States Ambassador to Uganda during a civil society accountability meeting and at Uganda's Regional Planning Meeting during the first quarter of 2022.

CLM increases accountability for HIV responses through the leadership and implementation of local community-led organizations of people living with HIV, networks of key populations and other affected groups. The TSM provided diverse support to CLM initiatives. In Botswana, a CLM Community Consultative Group was created to support the analysis of CLM data. Findings have fed into PEPFAR COP operational planning. In Côte d'Ivoire, an inventory and in-depth analysis of the national CLM initiatives and development needs, a national CLM strategy and an implementation road map were finalized and validated. Developed by the TSM-supported civil society thematic group on community monitoring and accountability, these documents inform UNAIDS- and PEPFAR-funded work on CLM in the country and strengthen the involvement of communities in health surveillance.

In Haiti, a new public CLM data dashboard was finalized and the country CLM team was trained in its use, contributing to feedback meetings with PEPFAR implementing partners and COP reviews. In Kenya, the Key Populations Consortium received technical support to use the results of its small-scale, key population-focused CLM initiative to inform advocacy, media work and activism. The CLM findings were highlighted in the People's COP for Kenya for 2022, and during the PEPFAR Kenya Regional Planning Meeting. In Malawi, a CLM project revised data management tools, improved coordination with district coordinators and community monitors, and strengthened data analysis and report drafting. Together, these activities contributed to the long-term performance of CLM in Malawi and improved acceptance of CLM data among local stakeholders.

CASE STUDY: sustaining the HIV response for key populations and people living with HIV and TB in Ukraine

Following the humanitarian crisis that emerged in February 2022 due to the Russian Federation's military invasion of Ukraine, UNAIDS has prioritized ensuring that the right to health and access to health and HIV services for all is upheld and protected. The TSM provided technical support for strengthening community-led responses to mitigate impacts on people living with HIV and key populations in the country.

Internal displacement and the movement of people to other countries disrupted HIV and TB service demand and increased humanitarian needs. Communities of people living with HIV and TB and key populations in Ukraine are uniquely positioned to respond to these challenges, and to benefit from technical assistance.

As the war unfolded, networks, government, and community-led organizations have supported linkages to HIV services and introduced a package of services that included transportation from conflict zones. They focused on clients who were displaced by the conflict or lost-to-follow-up, addressed the needs of survivors of violence, and provided food and shelter. This rapid response placed immediate pressures on the staff capacities of community-led organizations and affected their abilities to reprogram grants or apply for new funding.

While humanitarian aid partners were also responding at the same, people living with HIV and TB were neither well-recognized nor prioritized by humanitarian clusters, and the need to strengthen relationships between community organizations.

The TSM conducted interrelated technical support initiatives to help networks build a shared community-led coordination platform, creating and piloting a CLM system to address the needs of migrant people living with HIV and members of key populations. Advocacy was undertaken with humanitarian aid stakeholders. Further support included mobilizing resources, conducting key population needs assessments and developing information materials for displaced persons living with HIV and those from key populations.

With TSM support, a community-led online communication and coordination platform strengthened information exchange on the urgent health and social needs of people living with HIV and members of key populations. There was also a mapping of coordination mechanisms and linkages that supported key populations and people living with HIV networks operating in eligible countries in the region. A joint communique on ensuring the sustainability of civil society and community-led responses for key populations and people affected by HIV and TB in a war context was also developed by 18 organizations. These included key population associations and coalitions from Ukraine and the surrounding region, and the Global Network of People Living with HIV (GNP+). In addition, a joint brief on community recommendations to the Global Fund in war-affected regions was also issued to support the consultation on defining strategic priorities in eastern Europe and central Asia. Other support included strengthening communication capacities, documenting the experiences of women living with HIV who were directly affected by the war and developing an HIV needs assessment of transgender people in Ukraine.

Result area 3: Maximizing efficiency and increasing domestic investment

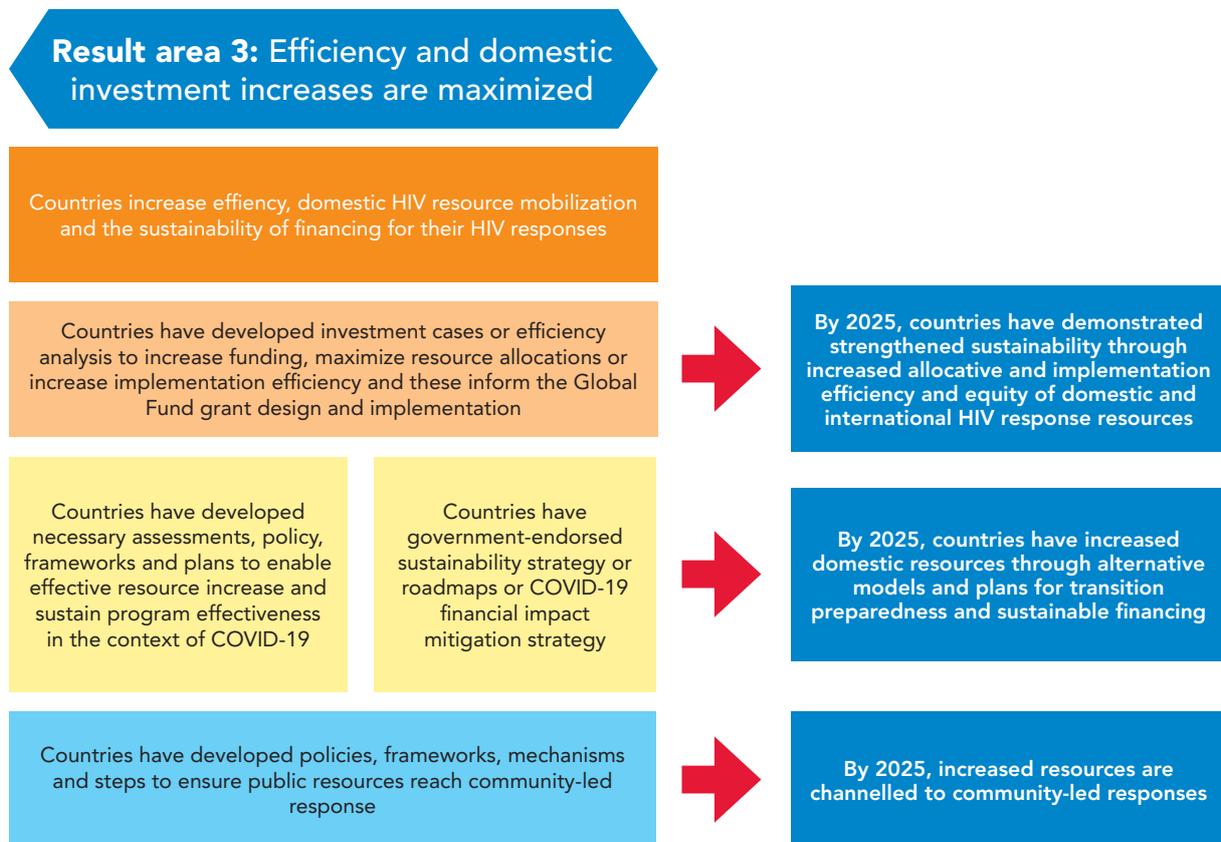
External funding for HIV health financing is declining, and while the principles of transitioning towards greater domestic investments and sustainable programming are already in place or in practice, the impacts of COVID-19 and other crises have slowed domestic responses. It is anticipated that new rounds of funding requests will emphasize transition and sustainability planning.

There is a need for improved resource allocation that focuses on impactful and cost-effective interventions, including the efficient use of available resources. Emerging strategies may involve resource requirements that far exceed the available resources. UNAIDS and other partners fostering initiatives to improve the costing of national strategic plans are encouraging a more consistent and accurate use of available cost data. Initiatives are in place to guide sustainable financing for national HIV responses based on cost-effective allocations and the efficient use of resources. Examples include improving the routine generation of accurate HIV costing data by using national public financial management systems and data, implementing studies to examine the cost-effectiveness and efficiency of Global Fund-supported programmes, developing technical guidance to promote value for money, and preparing countries for transition. TSM support contributes to more sustainable financing for national HIV responses based on cost-effective allocations and the efficient use of resources.

An overview of the specific outputs and intermediate outcomes of this Result Area is presented in Figure 8. The outputs contribute to three intermediate outcomes by 2025:

- ▶ **Intermediate Outcome 1:** Countries have demonstrated strengthened sustainability through increased allocative and implementation efficiency and equity of domestic and international HIV response resources.
- ▶ **Intermediate Outcome 2:** Countries have increased domestic resources through alternative models and plans for transition preparedness and sustainable financing.
- ▶ **Intermediate Outcome 3:** Increased resources are channelled to community-led responses.

Figure 8.
Result Area 3



Note: Adjustments were made to the outputs and outcomes for this result area over the reporting period. The figure reflects the most recent outputs and outcomes.

Strengthened sustainability through increased allocative and implementation efficiency and equity of domestic and international HIV response resources

Technical support has been mobilized for countries that have undertaken efficiency analyses, investment cases and reviews to support allocation efficiency.

National strategic plans and midterm reviews are vital for informing grant planning and applications, and these were supported in seven countries to prioritize populations and contexts, and to strengthen evidence-informed target-setting in alignment with the 2025 targets in the Global AIDS Strategy 2021–2026.

An efficiency analysis in Bangladesh produced best-feasible intervention scenarios for different regions, clarifying coverage and funding needs, and highlighting the need to scale up HIV testing.

In Eswatini, Kenya, the Philippines and Viet Nam, national and community organizations received support to assess their institutions and develop capacity development plans.

In South Sudan, a comprehensive, prioritized and costed road map for revitalizing the South Sudan AIDS Commission was conducted. This was based on a series of scenarios that led to a credible and accepted plan.

In Jamaica, a TSM-supported investment case increased the capacity of the Ministry of Health and other stakeholders to respond appropriately to HIV with informed plans and programming. Interim outcomes included: (a) re-establishing technical working groups to support and drive change; (b) focusing on more effective spending of existing (significant) resources; (c) initiating a reform of health information systems to generate more accurate data; and (d) undertaking discussions about how target groups—including key population groups—are defined.

Increasing domestic resources through alternative models and plans for transition preparedness and sustainable financing

In the United Republic of Tanzania, TSM support helped to map priorities and steps to increase domestic resources for the HIV response in a context where around 95% of the response is funded by donors. A TSM review of the country's financing landscape found that the Tanzania Commission for AIDS was committed to increasing domestic resources for the HIV response and community-led programmes. However, it lacked the evidence-informed strategy, mechanisms and know-how to engage in health policy and financing reforms. The main pressure points included limited government and donor buy-in to the AIDS Trust Fund and the fragmentation of financing initiatives. A preliminary resource mobilization road map was developed, and dialogue with health financing decision-makers contributed to creating a shared understanding of the multidimensional complexities of domestic resource mobilization. Longer term technical assistance is likely to be needed.

In Zimbabwe, a severe economic crisis has seriously affected the country's capacity to respond to ongoing or new economic and health challenges. The TSM supported the development of a summary of the country's macroeconomic situation and the effects of COVID-19, including the impacts on health services and people living with HIV. A more nuanced understanding of the macroeconomic drivers relevant to health financing in Zimbabwe will help the Ministry of Health engage more effectively with the Ministry of Finance, including for HIV resources. The assignment is one of only a few to use the macroeconomic context as an advocacy tool for increased domestic health financing.

The TSM supported an efficiency mapping and financing landscape analysis in Botswana that informed a transition readiness assessment and the development of a sustainability framework with Global Fund and PEPFAR teams. A financial sustainability strategy was supported in Nigeria that proposed several high-level strategic interventions to address funding vulnerabilities. The strategy supports achieving more predictable domestic funding for the response and contributes to other sustainability analyses of the country's responses to HIV, TB and malaria.

Increased resources are channelled to community-led responses

Some progress has been made as countries move towards integrating social contracting into financing mechanisms for health and HIV. Piloting and testing social contracting mechanisms are important steps in a longer process of including them as a permanent component of blended financing for HIV responses. There also are few costing data for services provided in the community through community-led services.

The TSM undertook a mapping of social contracting across countries, finding that social contracting is only operational in around 30% of the countries covered, with another 30% having initiated the process. The review highlighted critical barriers for CSOs to establish results-based agreements with governments and to receive funds, including gaps in country assessment guidance and a lack of costing data.

The TSM developed guidelines to provide tools for community-led organizations to evaluate their own full costs, as well as to project costs for scale-up to reach the new Global AIDS Strategy 2021–2026 targets for community-led responses. The guidelines underpin a consistent approach that enables country partners to estimate both provider and community contributions to community-led responses.

In both the Philippines and Viet Nam, technical support for social contracting is providing a road map for improving HIV service delivery for key and vulnerable populations. In Viet Nam, ministerial approvals have been secured to launch a pilot and develop practical solutions and proposals to overcome these issues (see Philippines case study).

In Kenya, Indonesia, Nigeria, South Africa and Uganda, practical steps for establishing sustainable financing solutions for harm reduction programmes through social contracting were developed through the mapping of findings from country HIV response reviews. These will inform GC7 funding requests. Senegal, Sierra Leone and Togo have initiated community-led organization cost analyses—including a protocol, budget and implementation plan—that will contribute to ensuring public resources reach community-led responses.

CASE STUDY: community actors at the centre of the HIV response in the Philippines

The Philippines has the fastest growing HIV epidemic in the Asia and the Pacific region. While around 89,000 people have been diagnosed with HIV, it is estimated that there are 140,000 people living with HIV in the country.

Key population groups—including people who use drugs, gay men and other men who have sex with men, transgender women and sex workers—are at the highest risk of acquiring HIV. Local government entities are the primary providers of health care under the country’s decentralized system. CSOs play an essential role in the implementation of the response, and social contracting provides a road map for improving HIV service delivery for key and vulnerable populations.

In preparation for reduced HIV funding from donors, the Philippines received support to investigate social contracting mechanisms for securing adequate and predictable funding for CSOs that provide HIV-related services to key populations.

Through TSM technical support, CSOs were able to assess their institutions and develop capacity development plans. The activity documented the legal and operational foundations for social contracting and included wide-ranging consultation with key stakeholders.

It is hoped that the country’s next AIDS medium-term plan and health sector HIV plan will specify the interventions that need to be implemented by local government units, including identifying social contracting as a means to fund and implement these interventions. Piloting of a social contracting mechanism in a high HIV burden area is expected to take place in 2023.

A successful social contracting funding and implementation mechanism will help the Philippines mobilize predictable domestic funding for HIV, reduce new infections and mortality, and build and maintain CSO capacity as a critical component of the health system. Such research has the potential to catalyse similar approaches in other local government units.

Key stakeholder engagement

The TSM, including the UNAIDS teams and Implementing Partners supporting the implementation of the TSM, maintains active and ongoing coordination and engagement with key stakeholders at the policy, project, collaboration-specific, global, regional and country levels. This includes keeping abreast of the discussions from the Global Fund HIV Situation Room and the Joint Working Group—which is coordinated by WHO with partners in order to discuss Global Fund issues. This ensures the TSM is conversant with new developments, priorities and issues raised relating to technical support for Global Fund grants. The TSM also meets monthly with the Global Fund HIV team to coordinate, share information and agree on joint priorities.

In 2022, a series of joint regional meetings with the Global Fund took place to review and coordinate TSM support for Asia and the Pacific, eastern and southern Africa, and western and central Africa, and to discuss the UNAIDS strategy to support the Global Fund 2023–2025 allocation cycle. The meetings included the TSM team, UNAIDS Regional Support Teams (RSTs) and UCOs, Global Fund counterparts (including Global Fund Country Teams) and OPM. Discussions included determining how the TSM can further strengthen Global Fund funding request development, including for GC7, as well as grant implementation and coordination with partners.

The TSM actively participates in the quarterly Global Fund Community, Rights and Gender Strategic Initiative Coordination Mechanism meetings alongside other technical assistance providers and partners, including Expertise France and GIZ. The TSM has also been supporting the Global Fund and other technical assistance providers to establish a weekly coordination mechanism on western and central Africa technical assistance, which will start meeting in October 2022. This mechanism allows for coordination, discussion and documentation of technical support to ensure comprehensive responses and that duplication is avoided. At the country level, UCOs engage with other technical assistance providers including Expertise France and GIZ, to coordinate support by TSM and other technical providers. Moreover, UCOs in a number of countries including Niger, Burundi and the Democratic Republic of the Congo are implementing a technical support collaboration matrix with national counterparts and partners including other technical support providers and TSM.

TSM thematic leads support UNAIDS–Global Fund–PEPFAR coordination on resource tracking and alignment, including producing coherent guidance. As a result of this support, for example, the new Global Fund Funding Guidance for 2023–2025 funding requests and the UNAIDS Global AIDS Monitoring guidance are considered.

A collaboration mechanism for six focus countries supports the Global Fund, National Institutes of Health, PEPFAR and UNAIDS to work together to build on the work of the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination. National stock-taking meetings among key stakeholders have helped align Global Partnership efforts and inform COP22 planning processes. COP22 meetings with UNAIDS were leveraged to ensure Global Partnership country interventions are incorporated into PEPFAR COPs. These meetings also serve as a mechanism for South–South knowledge-sharing among participating countries.

Strategic learning

TSM strategic learning and capacity development activities support UNAIDS colleagues, consultants, national counterparts and partners in sharing good practices, stimulating demand for technical support and sharing insights into effective approaches to common challenges. A consultant training needs assessment completed in 2021 identified three focus areas: 1. human rights and gender; 2. community systems strengthening; and 3. prioritization for greater Global Fund grant impacts. Online learning forums, strategic learning meetings and webinars have been used to address these needs.

Consultants with particular skill sets and experience are encouraged to share lessons and tools with others through peer learning forums. Topics include social protection, human rights and gender. The TSM is also building a web-based platform to share good practices, learning briefs, resources and tools for UCOs, RSTs and consultants. A remote working guide for consultants has also been updated to help consultants navigate remote working challenges and provide a reminder of good consulting practices.

Social protection for key populations is vital for ensuring universal health coverage for people living with HIV and is related to Sustainable Development Goal 3: good health and well-being. A social contracting learning brief has been developed and will be available by the end of 2022 to support UNAIDS TSM personnel and consultants working on social contracting assignments.

A DSD resource pack has also been developed and will be available by the end of 2022.

In addition, regional training workshops will take place starting October 2022 on Global Fund GC7 for country HIV stakeholders, TSM consultants and partners. (See the “Global Fund Grant Cycle 7” section, below, for more information on the workshops).

Addressing challenges

Demand generation for priority technical support

While there has been increased demand for technical support, countries and civil society partners need diverse support to streamline funding requests and start-up and implementation processes. TSM technical support plans for the forthcoming period are being reviewed and adjusted by RSTs and UCOs in consultation with the Global Fund, other technical assistance providers and other partners to ensure that the plans remain realistic and that they can be implemented. The TSM team, RSTs and TSM thematic leads are supporting UCOs, who are working to support national counterparts on demand stimulation of technical support for needed areas.

The TSM has engaged with the Global Fund Country Teams and other Global Fund teams to collaborate on stimulating demand for technical support in certain priority areas. The TSM also organized several discussions with UNAIDS teams to increase the demand for technical support by addressing challenges, sharing tools/guidance and assisting UCOs in planning and implementing technical support, including for grant implementation.

New tools have been developed to simplify technical support requests. This includes technical support request form templates for UCOs in English and French, with a special focus on grant implementation support in areas such as bottleneck analysis, acceleration and catch-up plans, and capacity development for civil society subrecipients. The pre-filled request forms are also available for supporting GC7 funding requests.

Gender, stigma and community assessments

Given the emphasis on inequalities in the Global AIDS Strategy 2021–2026 and in the investments of the Global Fund, there is a need to strengthen technical support and community capacity for achieving the 10–10–10 targets and the 30–60–80 community targets. The TSM will support this focus by intensifying its emphasis on stigma and discrimination reduction efforts across Global Partnership settings. It will support the review of criminalization and law reform, as well as interventions that support gender equality and efforts that strengthen community-led programming. Consultant capacity and strategic learning will be increased in these areas.

The TSM has supported the development of an HIV Inequalities Assessment Toolkit to strengthen analyses of HIV-related inequalities. The Toolkit is being translated into Spanish, French and Russian and will be available in the public domain following further review and testing.

Revisions and improvements to existing policies with a community, rights and gender lens will be stimulated through training webinars and regional sessions supported by the TSM. The TSM will also advocate for countries to request technical assistance to support the development of robust, rights-based Global Fund funding requests based on their national commitments.

Community-led monitoring

CLM work includes the need for clarity on its aims and utilization of emerging results. Countries need support regarding the lengthy official clearing processes for CLM activities, provision of adequate funding and the use of data for advocacy. The TSM is supporting work in this area, including through harmonizing CLM tools across country projects, data visualizations, advocacy and support for community-led organizations to access CLM resources.

Social protection

Although social protection assessments are not a requirement for Global Fund funding, the Global Fund supports a range of social protection interventions. Assessment findings and recommendations contribute to strengthening grant implementation. The TSM is working to increase the capacity of consultants in this area, including deepening the emphasis on key and vulnerable populations as part of these assessments.

The way forward

Global Fund Grant Cycle 7

It is expected that there will be a significant increase in technical assistance requests for the new GC7, and the TSM will need to be well prepared to ensure there is sufficient capacity to provide support over a short period of time. This challenge is being addressed through early review of the TSM's regional and country technical support plans for 2022 (including reviewing this with the Global Fund and other technical assistance providers), engaging with RSTs and UCOs who are engaging with national counterparts, and reviewing and analysing how to optimize technical support with the Global Fund. The TSM Virtual Support Desk Mechanism model, which was developed to support the Global Fund C19RM, will be used to establish a new Virtual Support Desk Mechanism to support countries in the preparation and development of the GC7 funding requests.

There were delays in previous funding cycles when it came to countries preparing the building blocks to inform Global Fund funding requests. To address this limitation, the TSM will be using a Three Plus One approach to support GC7. This includes:

1. National strategic plans or midterm reviews (which should ideally include: (a) costing; (b) an operational plan; and (c) an investment case and/or a recent allocative efficiency analysis).
2. HIV combination prevention services for key and priority populations (including support for national HIV prevention road maps).
3. DSD and community responses (including: (a) mapping of community actors; (b) costing of community responses; and (c) providing a DSD proposition).

These three elements are anticipated to lead to one successful and well-prioritized Global Fund funding request. Other relevant building blocks include the People Living with HIV Stigma Index 2.0, the Gender Assessment 2.0, sustainability plans and community engagement strategies.

In early 2022, UNAIDS—including the TSM—asked countries to submit their technical assistance plans for 2022–2023, and a survey was conducted to document country readiness. A Global Tracker has been developed to consolidate this information and show where the gaps are. UNAIDS, supported by the TSM, is planning regional workshops together with the UN Joint Programme, the Global Fund and other technical support providers for eastern and southern Africa, western and central Africa, and Asia and the Pacific to support countries and consultants to prepare for the GC7 process. Participants will include country HIV stakeholders—including civil society, UCOs and RSTs—as well as regional and national TSM consultants, including community consultants. The regional workshops will start in October 2022.

In addition, funding for the implementation of gender-related action plans from Global Fund grants, PEPFAR COPs and domestic resources has been limited, and the TSM is looking at providing guidance for human rights and gender consultants in support of GC7.

Expanding the consultant database

The TSM consultant database was reviewed in 2021 and is regularly expanded to ensure that the diversity and number of consultants from the global South remain high (currently they are 84% of the consultant pool). Strategies over the reporting period included working with UCOs and TSM Regional Technical Advisers to identify prospective consultants, and targeted advertising for consultants on professional networks. Special efforts have been made to increase the proportion of women and representatives of key populations. TSM has also reached out to networks of Global South females. For the forthcoming period, calls have been made for expressions of interest by consultants with HIV program experience and community consultants who can contribute to developing GC7 funding requests.

Professional development and knowledge management

Strategic learning meetings in priority work areas—including human rights and gender, and prioritization for greater global fund grant impacts over the reporting period—have considerably enhanced skills. For example, a peer learning forum for consultants on human rights and gender brought together TSM consultants, Global Fund Community, Rights and Gender and others who have worked on reform of punitive laws and gender assessments. Also, an introduction to prioritization was conducted to strengthen Global Fund Grant implementation. A webinar was also held on ways to design and use virtual interventions to support HIV programmes for UCOs, national counterparts and partners.

The TSM is continuing to work on discrete professional development and knowledge management activities that are designed to be responsive to the needs of TSM consultants and UNAIDS teams. This will enable the sharing of best practices and other learning and includes a user-friendly platform consisting of a repository and document library. Resources include TSM assignment learning profiles, lessons learned from various country assignments, a remote working guide, a full list of ongoing and completed assignments, and useful technical resources, such as a DSD resource pack and briefs on social contracting and other topics. An emerging consultant professional development project will be piloted to address on-demand training, coaching and mentorship, and access to skill-building resources.

Conclusion: a sustained, flexible and adaptive response

Since the TSM was established in 2018, the TSM has served as a flexible and adaptive mechanism for providing technical support to countries. It focuses and consolidates their national HIV responses to deliver effective programming in alignment with the global AIDS and PEPFAR objectives. Over the current reporting period, 140 technical support assignments were delivered in priority regions and countries, bolstering key evidence to respond to HIV, enhancing capacity to access grants and reach targets, deepening reach to key and underserved populations, ensuring gender and human rights concerns are systematically addressed, and maintaining focus and supporting community-led responses.

UNAIDS is grateful for the vital contribution by the United States Government to ensuring the delivery of high-quality technical support.

Technical Support Mechanism implementing partners

The Civil Society Institute for HIV and Health in West and Central Africa (CSIH-WCA) was operationalized in 2019 as a mechanism for catalysing the civil society response in western and central Africa. CSIH-WCA is coordinated through a Secretariat located in Senegal, and it has a membership network of 139 organizations across 21 countries in the region.

The Global Network of People living with HIV (GNP+) is run by people living with HIV. It engages with and supports national and regional networks, including a focus on building partnerships and the meaningful involvement of people living with HIV in the HIV response at all levels.

The International Treatment Preparedness Coalition (ITPC) is a global network of people living with HIV, community activists and their supporters working to achieve universal access to HIV treatment and other life-saving medicines. ITPC includes technical capacity to support the scale-up and quality of treatment, and community-led monitoring and community involvement in the response.

The International Community of Women Living with HIV (ICW) is the only global network for women living with HIV. It works in 120 countries through 10 regional networks. ICW supports the capacity of women living with HIV in research, resource mobilization, project development and management, monitoring and evaluation, treatment literacy and advocacy.

The Johns Hopkins Bloomberg School of Public Health (JHU) leads research in the field of epidemiology, implementation research, key populations, human rights, HIV and sexually transmitted infections. JHU's work includes global projects with the United States President's Emergency Plan for AIDS Relief (PEPFAR) and other donors.

Oxford Policy Management (OPM) is an international development consultancy that enables strategic decision-makers to design and implement sustainable solutions for reducing social and economic disadvantage in low- and middle-income countries. Headquartered in the United Kingdom of Great Britain and Northern Ireland, OPM has more than 400 full-time staff and offices in 14 countries. Genesis Analytics, an OPM consortium partner, is based in Johannesburg, South Africa, and combines complementary areas of expertise to support the high proportion of technical support assignments in eastern and southern Africa. ICI Santé, based in Ouagadougou, Burkina Faso, partners with OPM in western and central Africa.

Pharos Global Health Advisors has developed several of the leading global frameworks for analysis and policy advice on HIV financing and efficiency, and it has also conducted over a dozen country studies of HIV sustainability and efficiency.

The University of Heidelberg includes senior professors in the fields of health systems, health economics and financing, as well as an interdisciplinary faculty of more than 70 scientists from more than 20 countries in the fields of population, global and public health.

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