

# HIV RESPONSE SUSTAINABILITY ROADMAP *PART A* COMPANION GUIDE



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# Preface

As we approach 2025, the longer-term sustainability of the HIV response is a pressing concern: work to achieve and sustain an impactful HIV response must intensify.

This Companion Guide is intended to support that work. It complements the *HIV Response Sustainability Primer*, which describes a new approach to sustainability and provides recommendations for developing HIV Response Sustainability Roadmaps. The proposed approach (Figure 1) is holistic and encompasses the programmatic, political, structural and financial dimensions of sustainability.

The Companion Guide can support countries in developing and implementing Sustainability Roadmaps that are based on this new sustainability approach, which countries are recommended to adopt. It outlines a flexible and adaptable methodology which allows each country to tailor the Sustainability Framework and the Roadmap components to its situation and its existing efforts and processes. Depending on the context, a more integrated exercise that brings in health systems, multiple diseases or other elements from the start are acceptable adaptations, or may provide a broader framework, to the proposed sustainability approach. The Guide also provides additional information and practical tools to help start and guide the Roadmap development process.

The purpose of the new HIV response sustainability approach and the Roadmap is to secure the future of the HIV response, though not in isolation from other priorities. The existing HIV response also must be transformed. Many of the pertinent analyses, actions, and transformations to be undertaken require clear, well-crafted steps towards stronger health systems, better-integrated services for HIV, stronger country ownership and more streamlined donor contributions to strengthen country systems. Those changes must also contribute towards universal health coverage, gender equality, human rights, stronger and better financed health systems.

Ultimately, the proposed approach is grounded in country leadership. It envisages sustainability efforts that are led by governments with the participation of community-led and other civil society organizations, as well as international partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the United States President's Emergency Plan for AIDS Relief (PEPFAR).

**Figure 1. HIV Response Sustainability Approach**



Source: Sustainability Primer. Geneva: UNAIDS; 2024.

# Glossary of terms

**Analytical resource package.** The analytical resource package presents data and additional qualitative information which stakeholders should find useful when considering a country's sustainability landscape. The package provides country-specific data and additional qualitative information which highlight key indicators drawn from datasets which countries have submitted to UNAIDS, the Global Fund and PEPFAR. These include indicators related to the overall country context, as well as the HIV epidemic, context, programme results and funding.

**Community-led organizations** and networks are entities for which the majority of leadership, staff, spokespeople, membership and volunteers reflect and represent the experiences, perspectives and voices of their constituencies and which have transparent mechanisms of accountability to their constituencies. Community-led organizations can be organized formally or informally. For the HIV Response Sustainability processes, a priority should be the engagement of networks and organizations of people living with HIV, including those by and for women and young people living with HIV, as well as key populations and other groups heavily affected by HIV, such as adolescent girls and young women in many contexts.

**Civil society organizations** are non-profit, voluntary citizens' groups which are organized on a local, national or international level. Many kinds of civil society organizations may be relevant to HIV Response Sustainability processes, including human rights, faith-based, and women's organizations. Community-led organizations are an important subset of civil society organizations and differ from other civil society organizations by being peer- or constituent-led.

**Current state.** The current state of the HIV response refers to the specific components of the current programme and an accompanying description of each component (i.e., a situational summary for each component). In other words, which components exist currently; who is leading or providing the support; how is the component being resourced; and what is the current status of the components. Countries can determine the current state by conducting a current state assessment, which forms part of the development of the HIV Response Sustainability Roadmap. The assessment entails an analysis which (a) identifies the components of the national HIV programme/response; (b) documents who is leading or providing support for those components; and (c) defines the current status of those components. The current state assessment should present a comprehensive overview of the existing programme. Note that an exhaustive description of all aspects is not required. The primary focus of the assessment will be the components that are most relevant to the HIV response and that support the desired future state.

**Domains, sub-domains and programme elements.** As noted in the HIV Sustainability Roadmap Primer, the sustainability framework outlines five components that are required across all countries to achieve the global

AIDS targets for 2025, end AIDS by 2030, and sustain those gains.<sup>1</sup> The five components correspond to the five domains of the Sustainability Assessment (which is to be implemented in Phase 2 of the process described in this Companion Guide). The domains are broad and encompass everything that is required to achieve the global AIDS targets for 2025 and the ending AIDS by 2030. For the purpose of the Sustainability Assessment, the five domains have been disaggregated into sub-domains and programme elements. Programme elements are descriptive phrases that categorize components of the HIV programme and are not intended to describe the entirety of the programme components of the country response.

**Future state.** The future state should describe the “who, what and where” of the desired sustainable HIV response. It refers to the specific components of the HIV response (i.e., whether and where they are available, who is leading or supporting, and the status of the component) and the point at which the country has achieved its goals for controlling the HIV epidemic.

**Goals.** Goals refers to what must be achieved to end AIDS—i.e., the programme goals for the HIV response (such as viral load suppression; the capacity to prevent, detect and respond to new infections; and eliminating or significantly reducing inequities). These are normally defined through national strategic planning exercises; they need not be developed during this process. However, if new goals are being defined, they should be in line with the country’s national strategic plan.

**Guiding principles.** These refer to values or rules for engagement that will guide and govern the work of the technical working group throughout the development and implementation of the Roadmap. These principles should be agreed to by all stakeholders and they should establish the role of the country stakeholders at the helm of the sustainability planning process. An initial set of principles has been shared as part of the support documents.

**High-level outcomes.** The high-level outcomes, which will be developed during this process, are linked to existing and/or new goals that are in line with the country’s national strategic plan. High-level outcomes should articulate the state or condition that must exist in order to sustain the HIV response beyond 2030. A high-level outcome should be set at the domain level, in the Sustainability Framework, and should reflect the higher-level transformative changes that are needed to achieve the long-term goals of the country’s HIV response. These high-level outcomes will be building blocks for the change framework and the transformational plan, which will be developed in Phase 4.

**HIV response sustainability.** The vision of the new HIV response sustainability approach is to “galvanize efforts and to drive sustainable HIV response transformations to reach and maintain epidemic control beyond 2030, by upholding the right to health for all”.<sup>2</sup> Therefore, HIV response sustainability implies that a country has and uses, in an enabling environment: (a) people-centred systems for health and equity;

1 Sustainability Primer. Geneva: UNAIDS; 2024 (Section 3.1, “A new sustainability framework”, Pp 18–21).

2 Sustainability Primer. Geneva: UNAIDS; 2024 ([https://www.unaids.org/sites/default/files/media\\_asset/HIV%20response%20sustainability%20response%20primer\\_web.pdf](https://www.unaids.org/sites/default/files/media_asset/HIV%20response%20sustainability%20response%20primer_web.pdf)).

(b) empowered and capable institutions and community-led organizations; and (c) adequate and equitably distributed resources to end AIDS and sustain that accomplishment in ways that uphold the right to health for all.

**Key populations.** Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical for a successful HIV response. In all countries, key populations include people living with HIV. In most settings, gay men and other men who have sex with men, transgender people, people who inject drugs, and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response, based on its epidemiological and social context.

**Pathways of change.** A pathway of change refers to how the changes for reaching a specific high-level outcome are achieved. For the HIV Response Sustainability Roadmaps, these changes will describe the major shifts that are necessary to transform the response from its current state to a desired, future state. This may require more than a simple one-to-one change in a set of existing components over time. Thus, these transformative shifts should refer to necessary changes *throughout* the HIV programme that are required to achieve the high-level outcomes. Countries should begin to define these pathways during the assessment and Roadmap Part A development phases, including the direction and magnitude of change and an indicative timeframe. These should be refined further during the development of the Transformation Plan (Roadmap Part B), along with strategies and actions that are also required to bring about the change and achieve and sustain its desired impact.

**Strategies.** The strategies which a country selects for its HIV Response Sustainability Roadmaps will reflect the high-level paths that must be taken to achieve the desired outcomes and, ultimately, the country's HIV programme goals. As with the change objectives, the strategies should facilitate achievement of the country's short-, medium- and long-term outcomes. The strategies provide the "if, then" lens (e.g. "if we accomplish this strategy and our change objectives are met, *then* our outcomes and goals will be achieved").

**Sustainability Assessment:** The Sustainability Assessment is a systematic assessment of the barriers, risks and opportunities which a country must consider when developing a roadmap for the future of its HIV response. It will assist countries in identifying the opportunities and the programme and system transformations that are required to sustain impact by and beyond 2030.

**Technical working group.** This is the in-country working group which oversees the overall process. The formation of this group is described in Sections 1.4 and 1.5, below. Countries may use a different name for this group once it has been established.

**Transformation plan.** The sustainability transformational plan will be developed during Phase 4. It should outline what is needed to implement the sustainability strategies and actions that can achieve the desired changes and sustain their impact. This plan is referred to as Roadmap Part B.



# Introduction

## What is an HIV Response Sustainability Roadmap?

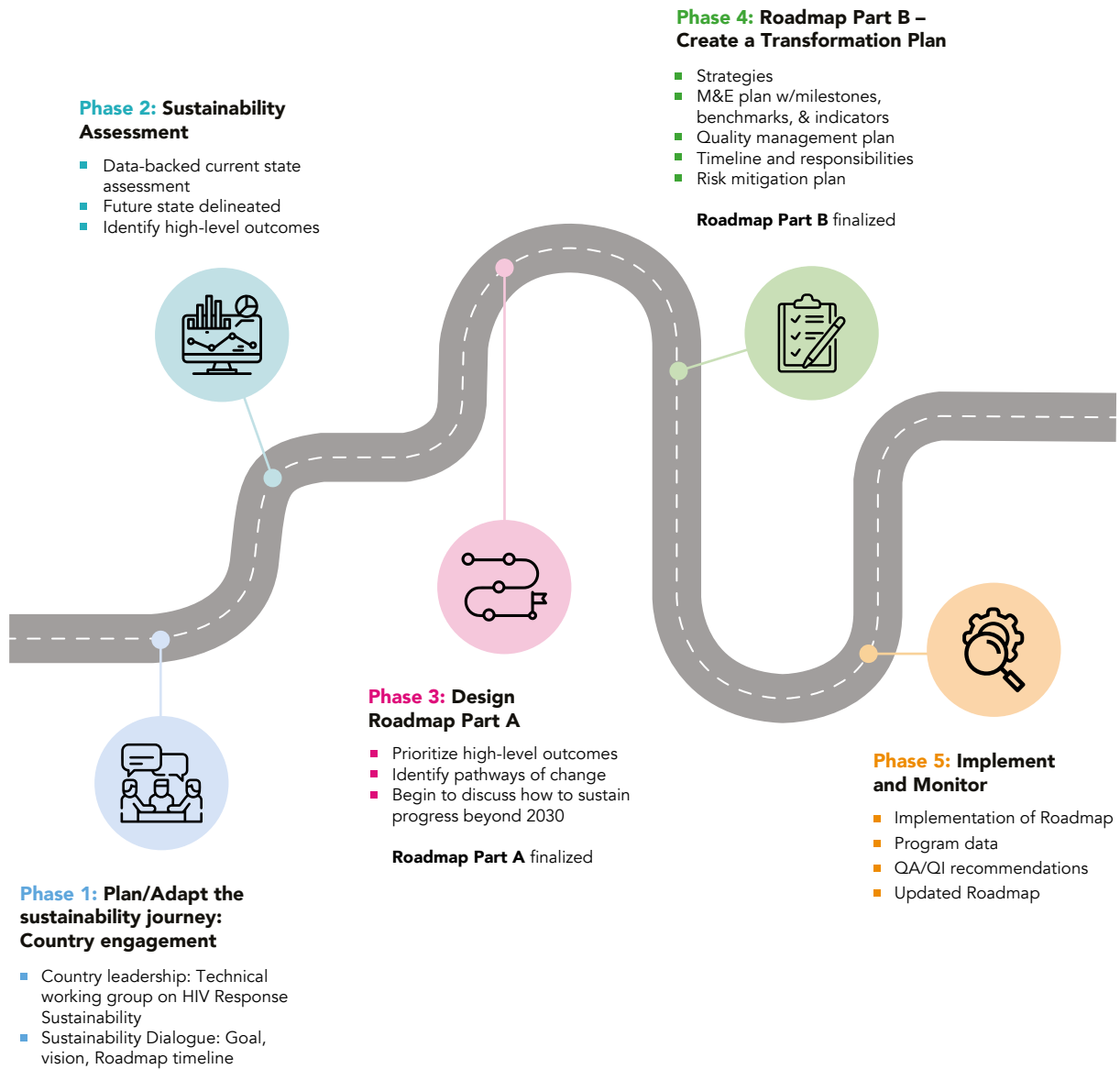
An HIV Response Sustainability Roadmap outlines a country-led path for achieving the global AIDS targets for 2025, ending AIDS by 2030 and sustaining the impact of those achievements beyond 2030. It lays out the steps that can transform both health- and HIV-related political leadership, policies, finances, systems and services. The Roadmap should be aligned to existing sectoral strategies and plans, including for HIV, health and related social and multisectoral development strategies. The transformations proposed in the Roadmap should also inform future revisions in national strategies, including HIV and other health-sector and multisectoral strategies.

The HIV Sustainability Roadmap comprises two sections, Part A and Part B (Figure 2). This Companion Guide focuses on Part A and covers Phases 1–3, including: country engagement, the Sustainability Assessment, the tailored country approach, and the design of the plan. A second guide for Part B is being developed. It will cover the development of the transformation plan.

Figure 2 depicts the phases and expected outputs of Parts A (Phases 1–3) and B (Phase 4) of the final Roadmap, as well as the implementation and monitoring phase (Phase 5).



**Figure 2.** Phased approach for developing and implementing the HIV Response Sustainability Roadmap



The Companion Guide and the accompanying template for Roadmap Part A (see Annex 2) have been developed especially for use by national government representatives, communities and other stakeholders who are involved in creating and updating HIV Response Sustainability Roadmaps.

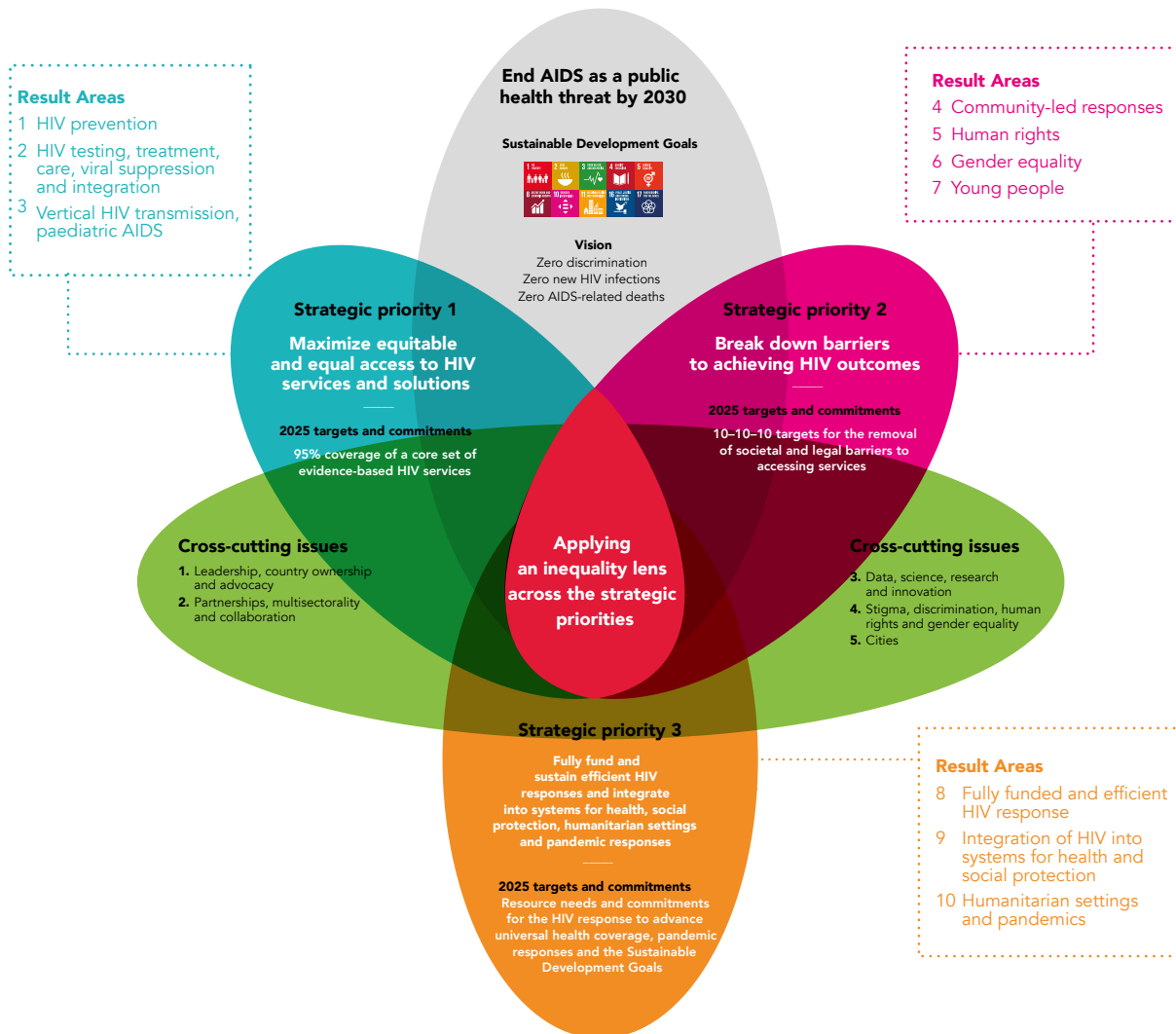
Given that challenging legal environments fuel inequities and hinder funding of effective programmes for key and vulnerable populations, countries should consider their contexts and political economies when developing and revising the Roadmap. When necessary, they should acknowledge where donor funding will be needed to achieve and sustain impact.

Countries may reference and append existing documentation for some of the HIV Response Sustainability Roadmap sections, but the guiding principles and requirements noted in the Companion Guide should all be addressed in the final product.

# Purpose and use of the HIV Response Sustainability Roadmap

The Roadmap lays out a path along which country-level HIV strategies and actions can achieve and sustain impact, ensuring that the needs of the most marginalized groups are met, and ultimately secure an HIV-free future. Long-term sustainability of the HIV response requires a dynamic HIV response that pursues the strategic priorities and realizes the overarching vision outlined in the Global AIDS Strategy inequalities framework (Figure 3). This inequalities framework calls for reforms that broaden the vision for HIV and health programming to promote sustainability and address the structural drivers of inequality.

**Figure 3. Global AIDS Strategy 2021–2026 inequalities framework**



Source: Global AIDS Strategy 2021–2026 — End Inequalities. End AIDS: UNAIDS; 2021 ([https://www.unaids.org/sites/default/files/media\\_asset/global-aids-strategy-2021-2026-summary\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/global-aids-strategy-2021-2026-summary_en.pdf)).

The development of Part A of the Roadmap is intended to support countries in identifying high-level outcomes across key domains of the new HIV sustainability framework. Those domains include political leadership; effective and equitable access to high-impact services and solutions; systems capacities; enabling policies; and sustainable and equitable financing. Country processes will outline pathways to achieve the high-level outcomes, including the necessary policy, programmatic and systems-level transformations.

The new HIV response sustainability approach focuses on the transformations and adaptations that are needed to accelerate progress towards the 2030 goals and to sustain impact and equity in the post-2030 context. Therefore, the Roadmap development process should not duplicate or replace country strategic planning processes (such as in-depth epidemiological, programmatic or financial analyses, or assessments of systems, performances, compliance or progress towards targets). Those elements are all very important for determining the desired future state of the HIV response and they should be considered when developing the Sustainability Roadmap. However, countries should also draw on existing data and information from broader strategic planning assessments and monitoring processes. Recognizing the importance of such evidence, UNAIDS is providing countries with an analytical resource package (see Section 1.4.2) which they can adapt and strengthen.

Countries can also reflect on the 2025 targets (Figure 4) and accompanying resource needs, as well as the targets for ending AIDS by 2030. Additionally, a global process is already underway for updating the global 2030 targets and resource needs. This will be extremely important for articulating the transformation plan in Phase 4 of the Roadmap development process.



**Figure 4. The 2025 AIDS targets**

Source: Global commitments, local action—after 40 years of AIDS, charting a course to end the pandemic: Geneva: UNAIDS; 2021 ([https://www.unaids.org/sites/default/files/media\\_asset/global-commitments-local-action\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/global-commitments-local-action_en.pdf)).

## Guiding principles for developing an HIV Response Sustainability Roadmap

The guiding principles for developing an HIV Response Sustainability Roadmap are set out in the HIV Response Sustainability Primer and are shown below. In addition, a set of operational principles has been devised to support the process. It is suggested that each country's sustainability technical working group discusses, agrees on and adopts its own principles, using these guiding principles as reference points.

### Guiding principles

The Roadmap should be:

1. aligned to national stakeholders' priorities, regional and global shared visions;
2. based on the meaningful and measurable involvement of communities, especially networks of people living with HIV and people belonging to key and vulnerable populations, including women and young people;
3. based on human rights, non-discrimination and gender equality;
4. based on the best available scientific evidence and technical knowledge; and
5. promote comprehensive responses to HIV that integrate prevention, treatment, care and support.

### Operational principles

The actions taken should support the following objectives.

1. **Delivery of the highest quality of services and solutions** for people living with or affected by HIV. A core aim of the Sustainability Roadmap is to build on the gains achieved thus far and to continue to enhance the HIV response by providing the highest-quality services.
2. **Leave no one behind.** As a core principle of the HIV response, no one should be left behind. The AIDS pandemic cannot be ended without meeting the needs of people living with and affected by HIV and without addressing the determinants of health, inequalities, and vulnerability.
3. **Build on what exists.** The Sustainability Roadmap process will build on lessons learned from existing HIV response sustainability work and current-status sustainability assessments.
4. **Country-ownership.** Since the Roadmap will set out the country's long-term vision for sustainability and define the change pathways to achieve the global AIDS targets for 2025 and ending AIDS by 2030, the processes for developing and implementing it will be country-owned and -driven. In accordance with the Paris<sup>3</sup>, Busan<sup>4</sup> and Accra<sup>5</sup> principles for effective

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3 Paris Declaration and Accra Agenda for Action. <https://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm#:~:text=The%20Paris%20Declaration%20was%20endorsed,for%20Results%20and%20Mutual%20Accountability>

4 The Busan Partnership for Effective Development Co-operation. <https://www.oecd.org/dac/effectiveness/busanpartnership.htm>

5 Paris Declaration and Accra Agenda for Action. <https://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm#:~:text=The%20Paris%20Declaration%20was%20endorsed,for%20Results%20and%20Mutual%20Accountability>

development cooperation, a sustainable HIV response requires that development partners align with the country's vision, as set out in the Sustainability Roadmap, and achieve greater alignment among themselves.

5. **Transformational thinking.** The country's vision for its long-term HIV response and the translation of that vision into the Sustainability Roadmap should do more than fold the current HIV response into domestic systems "as they are". It should consider the political, structural and programmatic transformations that are needed to make the HIV response more sustainable and better integrated into national health and other social systems.
6. **Pragmatism.** The vision should be ambitious yet feasible.
7. **Collective financial responsibility.** The process of developing the Sustainability Roadmap will be an opportunity to agree with domestic and international partners on collective responsibility and to devise ways to finance the necessary changes through a mix of sustainable domestic and international financing.
8. **Systems strengthening.** The Sustainability Roadmaps must focus on strengthened and resilient systems for health and local capacities that can achieve effective delivery and sustainable and equitable results.

In line with these guiding and operational principles, countries can determine their own additional principles to guide the development and implementation of their HIV Response Sustainability Roadmaps.

## The purpose of the Companion Guide for developing Part A of the Roadmap

This Companion Guide is intended to support the design and implementation of a new HIV response sustainability approach through the development of the Sustainability Roadmaps in 2024 and 2025.

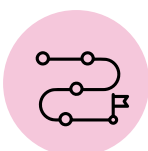
Roadmap Part A comprise:



- **Phase 1:** Planning the sustainability journey. This includes a stakeholder analysis, country engagement and consultations, as well as orientations for initiating and conducting country-level work and ensuring country leadership and broad participation. An [analytical resource package](#) is provided and can be used for the stakeholder consultations. The main deliverable in this phase is the Sustainability Dialogue and an accompanying narrative report for use in Phase 2.



- **Phase 2:** A Sustainability Assessment, within critical domains. This assesses the aspects of the HIV epidemic and response that are most relevant for deciding on country-tailored goals and transformations. An [assessment tool](#) is provided; it can be tailored to the country context for use in this phase. The main deliverable is the completed assessment (in MS Excel) and an accompanying narrative report and analysis of the findings (as a Word document).



- **Phase 3:** Development of Part A of the Roadmap, with specific guidance for the development of Part A, including a flexible template. Part A identifies high-level outcomes that will put the country on the pathway to achieve the AIDS targets for 2025, end AIDS by 2030 and secure the long-term sustainability by and beyond 2030.

## Process for developing Part A of the Roadmap

The processes described here are intended to support countries to develop their HIV Response Sustainability Roadmaps and to lead the consultations that are required to achieve a common vision around which all stakeholders are aligned.

The Roadmap development process is an iterative process that starts with government ministries, agencies and partners taking the lead in convening stakeholders for a Sustainability Dialogue (see Section 1.4). While Figure 2 provides overarching guidance for developing the Roadmap, countries are expected to decide on their own timelines and workplans, including additional internal checkpoints and indicators for assessing progress throughout the process, if necessary. The Roadmap is expected to be a “living” document, with periodic reviews to ensure it remains people-centred and fit for purpose. Countries should plan to update their Roadmaps at least annually until and beyond 2030.

The Sustainability Dialogue and consultations are envisaged as a series of regular discussions which are held at strategic checkpoints in the process. They will involve various stakeholders, including relevant government structures, community-led and other civil society organizations, development partners, media, academic institutions, the private sector and implementing partners.

The consultations will enable the technical working group to tap into a wide range of perspectives, exchange ideas and gather feedback—which can enhance accountability, build partnerships and strengthen the rigour and quality of decisions. The Sustainability Dialogues and consultations are therefore crucial for consolidating country ownership.

## Flexibility and adaptability based on the country context

Flexibility and adaptability are vital characteristics of the HIV response sustainability approach. The pathways towards a sustainable HIV response should match the country context and therefore will vary. This Companion Guide outlines a step-by-step—but flexible—process for pursuing a sustainable HIV response.

A long-term and sustainable HIV response will entail transforming the response itself, along with changes that strengthen health systems and that introduce new integration and financing arrangements—and this will have to be done in a variety of country contexts.

Some countries are close to achieving the 2025 HIV targets and their responses are due to change in shape and size as they adapt to their evolving epidemics. Some countries have already engaged in sustainability efforts, including “transition planning” (e.g., under the Global Fund approach). They would use this current approach and the Companion Guide to apply a longer-term and “transformational” lens to those processes.



For example, by incorporating some of the new principles they will be able to arrive at an adapted pathway to sustainability. Other countries are reforming their health systems and financing instruments as they advance towards universal health care. It seems logical for them to harmonize those reforms and revisions with their efforts to achieve HIV response sustainability. In humanitarian or crisis-affected settings, it is more difficult to provide a longer-term scenario of stability and sustainability. The scope and ambition of the Roadmap exercise would need to be adapted to those realities.

## **A practical way to be flexible and adaptable**

One way to fit and adapt the sustainability process to the country context is by first examining the current status of the HIV response, its level of integration with the rest of the health system, and the level of integration of community systems with wider health and development systems.

It is also important to determine whether sustainability-related changes are underway already in the development or health sectors. If so, it may be an option to integrate the HIV sustainability discussion and Roadmap development with those broader processes (e.g., a national development plan or a health financing plan). In that case, a multistakeholder dialogue, led by the government, is needed. Countries are encouraged to review the guidance for the sustainability assessment (Phase 2) to ensure that the broader process covers all the key elements that are needed to develop a longer-term Sustainability Roadmap. Countries will then need to decide whether to integrate such a Roadmap with that wider, more encompassing process.

This Companion Guide is designed to help ensure that the sustainability efforts are country-owned and are shaped by the country vision, multistakeholder dialogues, a long-term approach and a strong focus on transformation. The work needs to be anchored in a solid assessment of a country's HIV response, with integration, an active role for communities of people living with and affected by HIV, and the safeguarding of human rights all featuring strongly in the eventual proposal.

When political leadership is absent, even rigorous technical exercises might not go beyond the design phase. If the Roadmaps are to avoid such a fate, their implementation plans must clearly lay out the follow-up steps which governments and international development partners are expected to lead.

The Roadmap need not dutifully follow each of the steps and stages discussed here, but it should express the spirit and vision of the sustainability approach outlined in the Companion Guide.

A photograph of four young women sitting on a grassy field, engaged in conversation. They are wearing school uniforms, including white shirts, grey sweaters, and plaid skirts. The background shows a blurred outdoor setting with trees and buildings under a clear sky.

**PHASE 1:**

# Country leadership and governance for the development of the Sustainability Roadmap

This section of the Companion Guide sets out proposed guidance for the Sustainability Dialogues and consultations which are to be convened as part of the country-led HIV response sustainability process. Those gatherings are aimed at establishing country leadership; setting up a technical working group to drive development and implementation; and defining a country-tailored approach and timeline.

## Section 1.1. Country leadership, governance and oversight of Roadmap development

### 1.1.1 Scope and purpose

Countries can use the Sustainability Roadmap to determine the political, programmatic and structural transformations that are needed to make the HIV response more sustainable and to better integrate the response into their national health, social and financing systems.

Sustainability of the HIV response might require changes to the current response and its systems rather than merely shifting it to domestic systems “as they are”. It is an opportunity to align the response more closely with country-specific contexts and with broader national public health goals.

Country leadership is therefore crucial. Transformation of the HIV response for a new era of country-led sustainability will require extensive dialogue and consultation to decide and agree on how to do move towards sustainability. Country leadership and ownership should define the Sustainability Roadmap development process—how the Roadmap is developed, coordinated, communicated and implemented.

### 1.1.2 Securing political commitment and leadership

Decisions related to sustainability rest within the national government’s authority. That includes securing necessary mandates from government entities and marshalling high-level political commitment across relevant line ministries.

To begin implementation of the new sustainability approach, a core team should be convened, drawing on representatives from the national AIDS council or commission, senior officials from the ministry of health, networks of people living with HIV and key populations, UNAIDS, and other development partners (such as the Global Fund and PEPFAR, where available). This team should prepare the groundwork, which will include agreement on a process to secure the necessary support and guidance from relevant government ministries and departments. That support will provide the basis for charting a path to a sustainable HIV response and for formulating recommendations to transform the response.

The core team’s work will facilitate the assignment of responsibility to a technical working group. That group will be responsible for overseeing the development of the Sustainability Roadmap and related activities and for assembling the documentation that will serve as Parts A and B of the country’s HIV Response Sustainability Roadmap.

Where possible, an existing national governance body should lead efforts to secure political commitment for the process. Since the governance of HIV responses varies across countries, leadership of the Roadmap development process can take different forms. However, countries are urged to seek the highest feasible level of leadership for both the development and validation of

their HIV Response Sustainability Roadmaps. This should help facilitate onward planning and resourcing of the changes that will be introduced to sustain the HIV response by and beyond 2030. Countries may also choose to set up an inter-ministerial steering committee which can be tasked with providing overall strategic direction and approvals.

### **1.1.3 Coordination and alignment with broader initiatives and partners**

In line with the guiding and operational principles discussed in the previous section, clear and deliberate efforts are needed to bring together stakeholders and partners to set country priorities for a revitalized HIV response. The sustainability process should be aligned with national, regional and global HIV targets and goals. It also should be in harmony with domestic or regional development strategies and processes, especially those aimed at achieving universal health coverage. The Roadmap process therefore should be inclusive, with strong engagement and leadership from all relevant stakeholders, including affected communities.

National AIDS coordinating authorities have been important for stewarding the formulation and review of policies and strategies for the HIV response; they will be valuable also for supporting the development, management, coordination and implementation of the Roadmaps.

Given the transformative vision of sustaining the HIV response, a broader multisectoral perspective should be sought, both within the context of health and other social and development sectors. Country Coordinating Mechanisms are also important stakeholders, given their key role in mobilizing Global Fund resources and their representatives' knowledge of the sectors involved in responding to HIV, TB and malaria and ensuring a healthier, safer, more equitable future for all.

## **Section 1.2. The technical working group**

### **1.2.1 Establishing the technical working group**

Before a country can commence development of the Sustainability Roadmap, the core team should review the terms of reference for the technical working group and begin consulting with key government ministries and agencies to initiate the creation of such a group.

The technical working group will be responsible for leading and overseeing the development and implementation of the Roadmap process and will be accountable to ministerial leadership, which each country will designate (see Section 1.1.2). The working group will guide the country through its sustainability process and maintain clear and regular communication with all HIV sustainability stakeholders. It is envisioned as a multisectoral, multistakeholder coordination structure that includes representation from key government ministries and departments, networks of people living with and affected by HIV, including women and young people, civil society organizations and development partners.

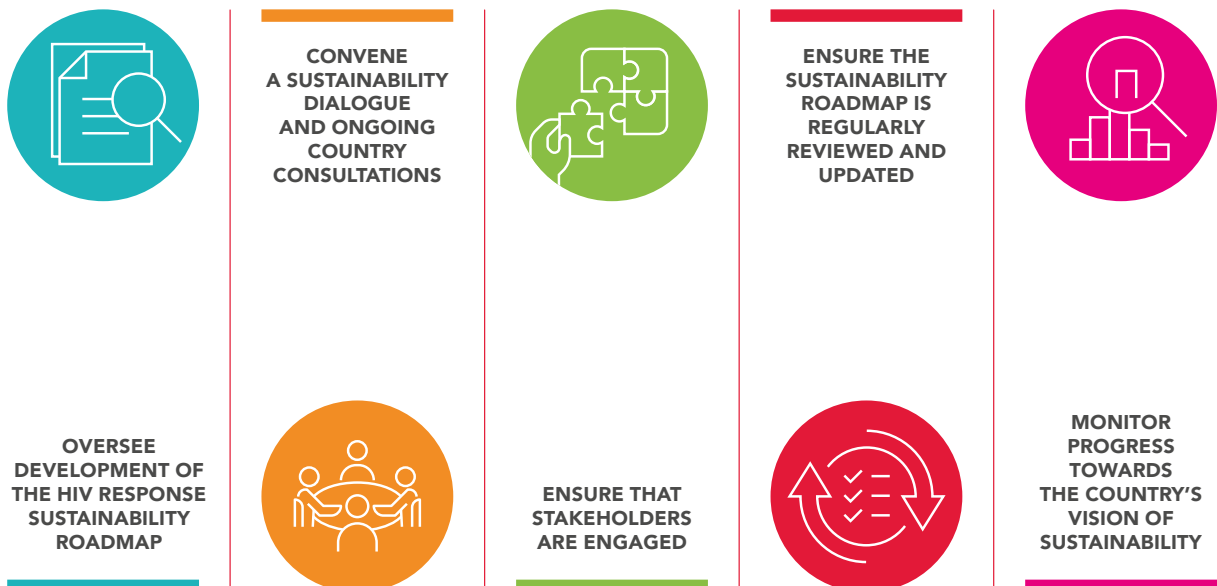
The technical working group's responsibilities may include the following:

- Oversee activities and assemble the documentation that will serve as the country's HIV Response Sustainability Roadmap;
- Convene a Sustainability Dialogue, as well as ongoing country consultations;
- Ensure that stakeholders are appropriately engaged;
- Ensure the Sustainability Roadmap is regularly reviewed and updated; and
- Monitor progress towards the country's vision of sustainability.

The core team should determine whether any existing technical working group (or similar entity) that is working on sustainability planning may be fit for purpose. If such a group does not exist, one will need to be established, under the leadership of an appropriate government ministry or entity. Until the sustainability technical working group is ready to take on its responsibilities, this core team should lead and steward the process.

Once the core team hands over responsibility to the technical working group, it should emphasize that the process will build on and complement previous and ongoing sustainability efforts. The working group can then begin defining the scope of the Sustainability Roadmap and prepare an initial outline for discussion during the Sustainability Dialogue. The technical working group should also begin to shape the framework for the subsequent phases of the Roadmap development process.

**Figure 5. Responsibilities of the technical working group**



## 1.2.2 Main tasks of the technical working group

Once the technical working group is established or “retrofitted” and its terms of reference are in place, a discussion is needed on how it will go about its work, including whether technical assistance and/or additional entities are needed.

The working group should identify the skills and resources it will require for all members to be able to fully participate and contribute. It should also determine whether a technical implementation team is necessary to support the technical aspects of developing the Sustainability Roadmap during Phases 1–3 (Part A). If necessary, the group can appoint a technical implementation team and recruit technical assistance.

In considering whether to establish a technical implementation team, the working group should assess whether it can lead the development of the Sustainability Roadmap itself and guide the processes related to the Sustainability Dialogue and country consultations. In deciding on the kinds of technical assistance that might be required, countries are strongly encouraged to first seek out local experts and consultants, and, where needed, provide them with support from development partners and others.

The technical working group should then prepare a training workshop for the various entities. It will be responsible for developing the Sustainability Roadmap (i.e., the working group itself, the technical implementation team, technical assistance providers, and any other stakeholders that support the day-to-day work). The workshop will focus on collectively reviewing the guidance documents, templates and other Sustainability Roadmap material.

The technical working group will also agree on the principles, roles and responsibilities by drawing on the guiding and operational principles and by adding ones that are specifically relevant to the country context. The group should also define the roles, responsibilities and expectations of the various stakeholders, including those of representatives from different line ministries (e.g., ministries of health, educations and finance), regional structures, networks of people living with HIV and key populations, including women and young people, civil society organizations, and development partners.

## Section 1.3. Stakeholder mapping and engagement

Planning for sustainability of the HIV response requires inputs from a wide range of stakeholders, including various government ministries, networks of people living with and affected by HIV, including women and young people, other civil society organizations, development partners, media organizations, academic institutions, the private sector, and implementers. It is recommended that countries recognize and account for the diverse subnational contexts and the socioeconomic, cultural and political dynamics at those levels. This will make it possible to tailor approaches, address local needs, harness local resources and foster meaningful participation and ownership, ultimately leading to more sustainable outcomes.

At this stage of Phase 1, the technical working group should conduct a stakeholder analysis. In preparing the list of stakeholders for the Sustainability Dialogue, the group should consider the roles each stakeholder might play in that dialogue (e.g., as attendee, participant, presenter, session leader, etc.). The working group should ensure that participation reflects the principle of meaningful and measurable involvement of civil society, especially people living with HIV and people belonging to key and vulnerable populations. The analysis and the criteria shown in Table 1 should be used to finalize the participant list.

**Table 1. Suggestions for stakeholder engagement**

Suggested government participation	Suggested key stakeholder participation
<ul style="list-style-type: none"> <li>▪ National HIV response leadership, including the National AIDS Council and Country Coordinating Mechanisms.</li> <li>▪ Government leads from the Ministry of Health, including but not limited to senior management, planning and finance department leads, workforce representatives, and supply chain, quality and laboratory technical leads.</li> <li>▪ Government representatives from Finance Ministry or Treasury Departments.</li> <li>▪ Other line ministries, including but not limited to participants from the ministries of Development/Planning, Defence, Education, Social Welfare Services, Gender, Youth, Public Service, as well as from the planning commission, census bureau, bureau of statistics, along with parliamentarians.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community-led organizations, particularly networks of people living with HIV, key populations, including women and young people, and faith and traditional leaders.</li> <li>▪ Civil society organizations working on health, rights, and HIV.</li> <li>▪ Development partners, including but not limited to the Global Fund, PEPFAR (including the Centers for Disease Control and Prevention, the United States Agency for International Development, the United States Department of Defense and the Peace Corps), UNAIDS (including the 11 Cosponsors - UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank), and other bilateral and multilateral organizations working in health at the country level.</li> <li>▪ Other stakeholders, such as the private sector, nongovernment regulatory councils involved in health, academia, tertiary institutions and think-tanks.</li> </ul>

## Section 1.4. The Sustainability Dialogue

### 1.4.1 Scope and purpose of the Dialogue

The Sustainability Roadmap development process is iterative. It begins with the convening of stakeholders for a national Sustainability Dialogue as part of Phase 1. The Dialogue will allow each country to begin to define its long-term vision for sustaining its HIV response. The Dialogue will be followed by further, ongoing country consultations in Phases 2 and 3, where the country will progressively foster consensus around the salient gaps, challenges, solutions and intended outcomes while the Sustainability Roadmap takes shape. To support this process, UNAIDS is providing an analytical resource package for all countries.

### 1.4.2 The analytical resource package

The analytical resource package presents data and additional qualitative information which stakeholders should find useful when considering the country's sustainability landscape. The package will be valuable for supporting decision-making at various stages of the development of the HIV Sustainability Roadmap. In consultation with stakeholders and partners, it will aid teams in identifying the key priorities to meet short-, medium-, and long-term programmatic, financial and health systems challenges.

The data and additional qualitative information provided in the package is tailored for selected domains (see Section 2.2.1). The package draws on datasets which countries have submitted to UNAIDS, the Global Fund and PEPFAR, as well as datasets specific to the Global Fund and PEPFAR. However, the resource package is not exhaustive and may not include all the data and analysis that are needed for an evidence-informed dialogue and for assessing the sustainability of the HIV response. The technical working group is encouraged to consult additional data and analyses, as needed.

Each country will receive a profile that highlights key indicators based on the most recent available data. They should be used to initiate and/or guide ongoing discussion at the country level regarding the status quo, as a basis for considering any necessary changes. This is meant to be a "conversation-starter" for the Sustainability Dialogue (see Section 1.4.4), as well as to support the qualitative and quantitative data analysis in the assessment phase (see Section 2.3).

During the first quarter of 2025, UNAIDS will support countries with epidemiological modelling and resource needs estimates for setting the country-specific 2030 targets. Those models will outline the anticipated impact of various policy choices and of scaling up different combinations of interventions.

To prepare for the Sustainability Dialogue, the technical working group should review the analytical resource package and ensure that the data provided are comprehensive and accurate. It can then utilize the information to guide discussions at the Dialogue, conduct landscape assessments, and develop the Roadmap.



### 1.4.3 Preparing the Sustainability Dialogue

The overall aim of the Dialogue is twofold: to develop an initial outline of what the country wants to achieve with a Sustainability Roadmap for the HIV response; and to start identifying the political, structural or programmatic transformations that are needed for the HIV response to become more sustainable and better integrated into domestic systems (health, social, financial, etc.).

Those deliberations should consider current progress towards the AIDS targets for 2025 and ending AIDS by 2030; assessments of the current national HIV response strategic plans; health and HIV financing plans; universal health coverage, gender equality, human rights and other Sustainable Development Goal targets; and other pertinent policies or strategies (domestic, regional or global).



To prepare for the Sustainability Dialogue, the technical working group will conduct a planning workshop. At this workshop, the working group needs to analyse and synthesize collated materials for discussion at the Sustainability Dialogue. During the workshop, the technical working group will formulate the agenda for the Dialogue and outline key discussion points and activities to guide proceedings. It will also prepare letters of invitation for the Dialogue and initiate discussions with key government ministries to set a date for the Dialogue.

#### 1.4.4 The Sustainability Dialogue

The Sustainability Dialogue is the first step in the process of developing the Sustainability Roadmap. Based on the scope and objectives of the Dialogue, the technical working group will determine whether the gathering is to be convened over one or two days and whether to conduct it as a hybrid event, with online access available to people who are unable to attend in-person.

During the Dialogue, key questions should be posed to the stakeholders that will drive the development of the Roadmap. The Dialogue should identify policy gaps, barriers and risks and propose ways to overcome them. It also should begin to discuss the basis for sustainability prioritization that will occur during Phase 2. A summary report of the Dialogue should be prepared for use in the subsequent phases of the process.

**Table 2. Sample objectives of the Sustainability Dialogue**

**Set the scene and prepare the groundwork for developing the Sustainability Roadmap**

- Establish country ownership of the Sustainability Roadmap process and set the trajectory of the process.
- Take stock of progress and challenges in the country HIV response.
- Consider which political, structural, financial or programmatic transformations and social norm changes are needed to make the HIV response more sustainable and to integrate it better into domestic systems.
- Begin to define the country's long-term (2030 and beyond) vision for sustainability and the HIV response transformations that requires.
- Discuss and start to agree on high-level outcomes.
- Define the next steps for advancing the HIV Response Sustainability Roadmap.



## Phase 1 checklist: Country leadership and governance for the development of the Sustainability Roadmap

By the end of Phase 1	Section reference	Yes/no	Comments
Has the country secured the necessary political commitment for developing a HIV Response Sustainability Roadmap?	1.1.2		
Has the country established or retrofitted the technical working group to support the Roadmap development process?	1.2.1		
Has the country agreed on the operational aspects of the Roadmap development process? That includes identifying technical support needs and conducting a training workshop for the entities responsible for developing the Roadmap (see Section 1.2.2) so they can collectively review the guidance documents, templates and other relevant materials.	1.2.2		
Has the country completed the stakeholder mapping? That includes ensuring that the multisectoral principles of the HIV response are reflected in the stakeholder engagements and in the technical working group and other entities engaged in developing the Roadmap.	1.3		
Has the country reviewed the analytical resource pack and ensured that the data are comprehensive and accurate, and has it prepared a summary to inform discussions at the Sustainability Dialogue?	1.4.2		
Has the country held a stakeholder HIV Response Sustainability Dialogue and prepared a summary report?	1.4.4		

**PHASE 2:**

# The HIV Response Sustainability Assessment

The HIV Response Sustainability Assessment is a systematic assessment of the barriers, risks and opportunities a country must consider when developing a Roadmap for the future of its HIV response. It is intended to assist countries in identifying the opportunities and the programme and system transformations that are required to sustain impact by and beyond 2030.

This part of the Companion Guide sets out proposed guidance for the Sustainability Assessment, including its purpose and scope; the framework within which the Assessment will be conducted; and potential sustainability priorities and high-level outcomes. It also offers guidance for prioritizing, refining and sequencing the identified sustainability priorities, and for holding consultations and dialogues to finalize those priorities and the high-level outcomes.

## Section 2.1. Scope and purpose of the Sustainability Assessment phase

The HIV Response Sustainability Assessment phase (or simply the Sustainability Assessment) should facilitate discussion of the sustainability of key programme elements of the national HIV response and the country's readiness to assume ever-greater responsibility for each of those elements.

The Assessment is designed to support the country to develop a comprehensive picture of the status of its HIV response across five domains, and of the sustainability of the various programme elements of the response. The intention is to have a solid stock-taking that can inform country consultations during the development of the Sustainability Roadmap. It is important to note that this is not a performance assessment, nor is it intended to monitor progress towards the achievement of the overall goals of the HIV response.

The main objectives of the Sustainability Assessment are to support the country to:

- assess the status of the country's HIV response and begin to assess its sustainability, including political, structural, financial and programmatic risks that need to be managed and mitigated, and identifying the blockages and barriers which, if overcome, will accelerate the HIV response;
- identify opportunities to reconfigure the HIV response and set high-level outcomes for the identified priorities in each of the five sustainability domains; and
- set pathways of change, including transformations that can sustain impact by and beyond 2030, as well as considerations for improving integration with existing health, non-health and community systems.

The Sustainability Assessment involves three steps:

- **Step 1:** Complete the Sustainability Assessment (to assess the status of the country's HIV response across five domains, and begin to assess the sustainability of the various programme elements of the response);
- **Step 2:** Conduct stakeholder consultations and reviews to validate assessment findings; and
- **Step 3:** Consider barriers, risks and opportunities, develop high-level outcomes, set out pathways of change, and sequence the identified sustainability priorities.

These steps, while interrelated, are to be completed separately. The assessment tool is an MS Excel-based [tool](#) which contains the materials for each step. A [user guide](#) for completing the Sustainability Assessment is also provided. The main deliverable for this phase will be the completed assessment tool (in MS Excel) and a narrative report and analysis of the findings (a Word document). This report will compile the outputs from the three steps in the Assessment against the five sustainability domains. It will also articulate and sequence the high-level outcomes and possible pathways for change for each of the domains. Countries can then use this report for developing Roadmap Part A in Phase 3.

It is expected that the technical working group will lead the implementation of this tool, drawing on the knowledge and expertise of country stakeholders representing the multisectoral response (i.e., not only from government).

It is anticipated that **Step 1** can be completed in one full-day session, with the option to complete various sections in break-out groups, if necessary. Countries have the flexibility to consider whether to select and invite stakeholders to participate in completing the Sustainability Assessment exercise based on expertise needed to complete specific domains. Countries should consider distributing the draft assessment tool in advance to specific existing thematic working groups or expert committees that could support the technical working group in completing the assessment.

**Step 2** involves a broad and inclusive stakeholder sustainability consultation and dialogue to review and validate **Step 1**.

**Step 3** is to be completed by the technical working group. **Steps 2 and 3** can be completed in two days.



## Section 2.2. The HIV response sustainability assessment domains

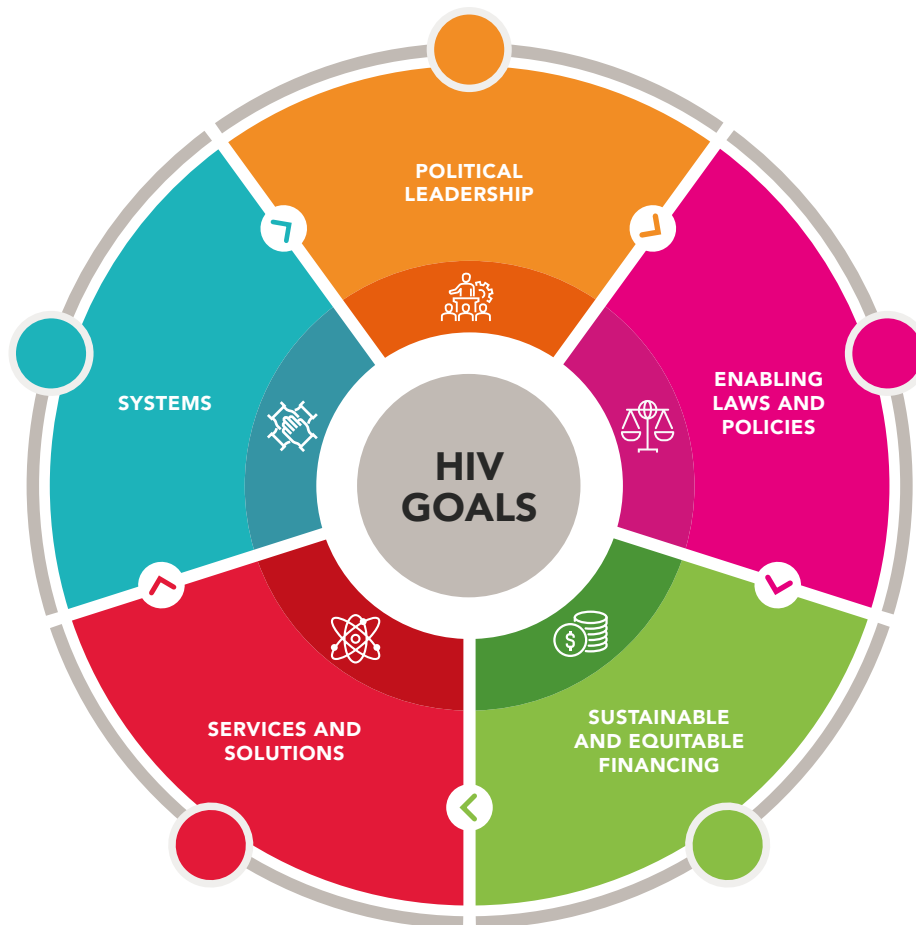
### 2.2.1 The Sustainability Assessment domains

Each country will assess the sustainability of its HIV programme within the framework set out in the Sustainability Roadmap Primer:

In keeping with the holistic, people-centred approach to the HIV response in the Global AIDS Strategy, the sustainability framework outlines five components that are required across all countries to *achieve* the global AIDS targets for 2025 and 2030 and *sustain* these gains beyond 2030, with *equity*, regardless of the HIV epidemic status and country context.<sup>6</sup>

The five components of the sustainability framework constitute the five domains of the Sustainability Assessment (Figure 6). Within each domain, countries will evaluate sub-domains and programme elements.

**Figure 6. Domains of the Sustainability Assessment**



6 Sustainability Primer. Geneva: UNAIDS; 2024 (Section 3.1: "A new sustainability framework", pp. 18–21).

**The five domains are:**

**Political leadership** and commitment for shared responsibility and effective, inclusive and participatory multisectoral governance and policies, with communities of people living with and affected by HIV at the centre.

**Sustainable and equitable financing.** Domestic and international financing must become adequate, sustainable and equitable, including by: increasing domestic resources; integrating HIV financing into benefit packages and public budgets; ensuring sustainable financing for community-led programmes; closing the funding gap for key and vulnerable populations; and maintaining donor funding.

**Systems** that are built on strong local and institutional capacities to deliver effective, context-specific, people-centred, integrated HIV services for equitable and sustained results. They should do so by using data, human resources and service delivery approaches that go beyond HIV (across health, community and social systems), without compromising quality or effectiveness.



**Enabling laws and policies** that support equitable, accessible and high-quality HIV services which leave no one behind and which come with strong community leadership and engagement.

Science-driven, effective and high-impact HIV prevention and treatment services and solutions for ensuring the well-being of people living with HIV and key and affected populations.

The sustainability assessment framework is not a rigid structure. It is designed to be forward-looking, flexible and dynamic and it can be customized to different country contexts and epidemic realities. By assessing the five domains of the framework, country teams, implementers, national partners and communities will be able to anticipate the shifts that are required to sustain impact; engage early in the long process of

people-centred system strengthening; and prepare for and prevent or manage sustainability-related challenges.

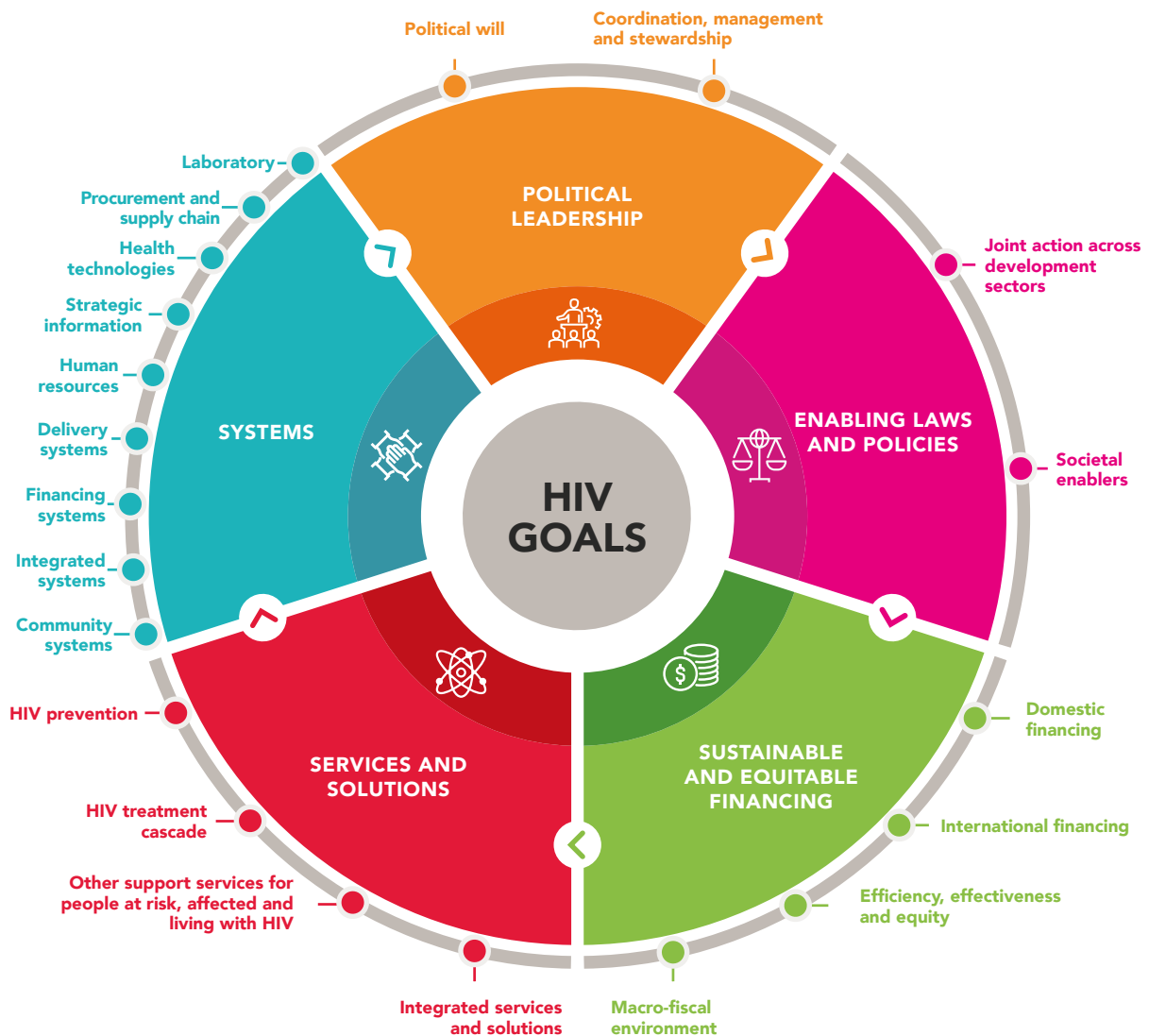
Although flexible, the framework expressly avoids a pick-and-choose approach among the five domains: they are interrelated and mutually reinforcing. All five domains should be addressed if the framework is to lead to robust progress towards sustainability.



## 2.2.2 The Sustainability Assessment sub-domains and programme elements

The domains of the sustainability framework are broad and cover all elements of the HIV response that are required to achieve the global AIDS targets for 2025 and 2030 and to sustain those gains beyond 2030. Due to the high-level, all-encompassing nature of the five domains, a Sustainability Assessment that is conducted at the domain level would provide little insight. The domains therefore have been disaggregated into 21 sub-domains<sup>7</sup> and further into 116 “programme elements” (see Annex 3).

**Figure 7.** HIV response sustainability domain and sub-domains



<sup>7</sup> The sub-domains draw on multiple frameworks and strategies (including the Global AIDS Strategy, the HIV prevention scorecard and the HIV treatment cascade, the WHO test-and treat strategy, etc).

## Section 2.3. Using the HIV Response Sustainability Assessment tool



### 2.3.1 Step 1: Completing the Sustainability Assessment

This section of the tool entails a detailed assessment within the framework of the five domains. The purpose of this exercise is to assess the status of the country's HIV response and thereby begin to assess its sustainability. While it is a comprehensive assessment, the scope is broad rather than deep—with the intention to cover all key aspects of the HIV response. It requires countries to assess the sustainability of the programme elements (Table 3) to:

- Assess whether each programme element is a low-, medium- or high-sustainability priority; is not a priority; or is not currently resolved (i.e., the technical working group could not agree on the priority level of the element).
- For two of the domains (services and solutions; and systems), the assessment requires the technical working group to:
  - identify which stakeholder<sup>8</sup> plays the “primary role” in implementation, funding and setting the strategic/technical direction for each programme element; and
  - assess whether the current configuration for each programme element is sustainable when considering its design, service delivery modality, cost and capacity.



### 2.3.2 Step 2: Stakeholder consultations and validation of assessment findings

Country consultations and the multistakeholder reviews are vital for discussing and finalizing the findings of the Assessment, including the sustainability priorities and their rankings. The technical working group should plan and budget for multistakeholder consultations (see Table 1 on stakeholder mapping) and reviews to validate assessment findings, agree on prioritization and finalize the Sustainability Assessment.



### 2.3.3 Step 3: Refining key inputs for Roadmap Part A

The purpose of this step is to consider blockages and barriers, risks and opportunities, as well as develop high-level outcomes and pathways of change. It also involves sequencing the identified priorities, which is an important precursor for Phase 3 and for drafting Part A of the Roadmap.

<sup>8</sup> Stakeholders are selected from options in a dropdown list:  
 For implementation: Government; PEPFAR partner(s); Global Fund recipient(s); other development partner(s); and N/A;  
 For funding: Government; PEPFAR; Global Fund; other development partner(s); and N/A;  
 For strategic/technical direction: Government; PEPFAR partner(s); Global Fund recipient(s); other development partner(s); civil society organization(s); and N/A.

During Step 1 of the assessment, the technical working group will have indicated—within the assessment tool—whether the programme element is a low-, medium- or high- sustainability priority (or not a priority). The stakeholder review and validation process of Step 2 will have finalized this prioritization (and resolved any programme elements initially identified as “not yet resolved”. Step 3 will culminate with sequencing the medium- and high-priorities on a timeline. For each programme element identified as a high- or medium-priority, countries should also set high-level outcomes, identify pathways for change and agree how to sustain impact beyond 2030 (Table 3).

**Table 3.**

<b>High-Level Outcomes</b>	<b>Identify pathways of change</b>	<b>Sustain impact beyond 2030</b>
What is the desired future state? (i.e., what would the response look like if the high-level outcome is achieved?)	How might we get there?	How do we sustain progress?

The high-level outcomes are transformative changes that are needed to achieve the long-term goals which the country has identified. High-level outcomes are only to be developed for the programme elements that are identified as medium- and high-priorities for sustainability. They should be based on existing country-level strategic plans (HIV and beyond) and on international and/or regional commitments.

High-level outcomes should be transformational and are expected to be broader than the gradual one-to-one shifts which would absorb the HIV response “as is” into national systems and structures. Countries may already have existing high-level outcomes specified in their national strategic plans or other strategic documents. These can be used if the technical working group believes they are appropriate. In keeping with the focus on transformative changes, the group should select the high-level outcomes that reflect the transformations that can sustain progress towards the respective impact targets.

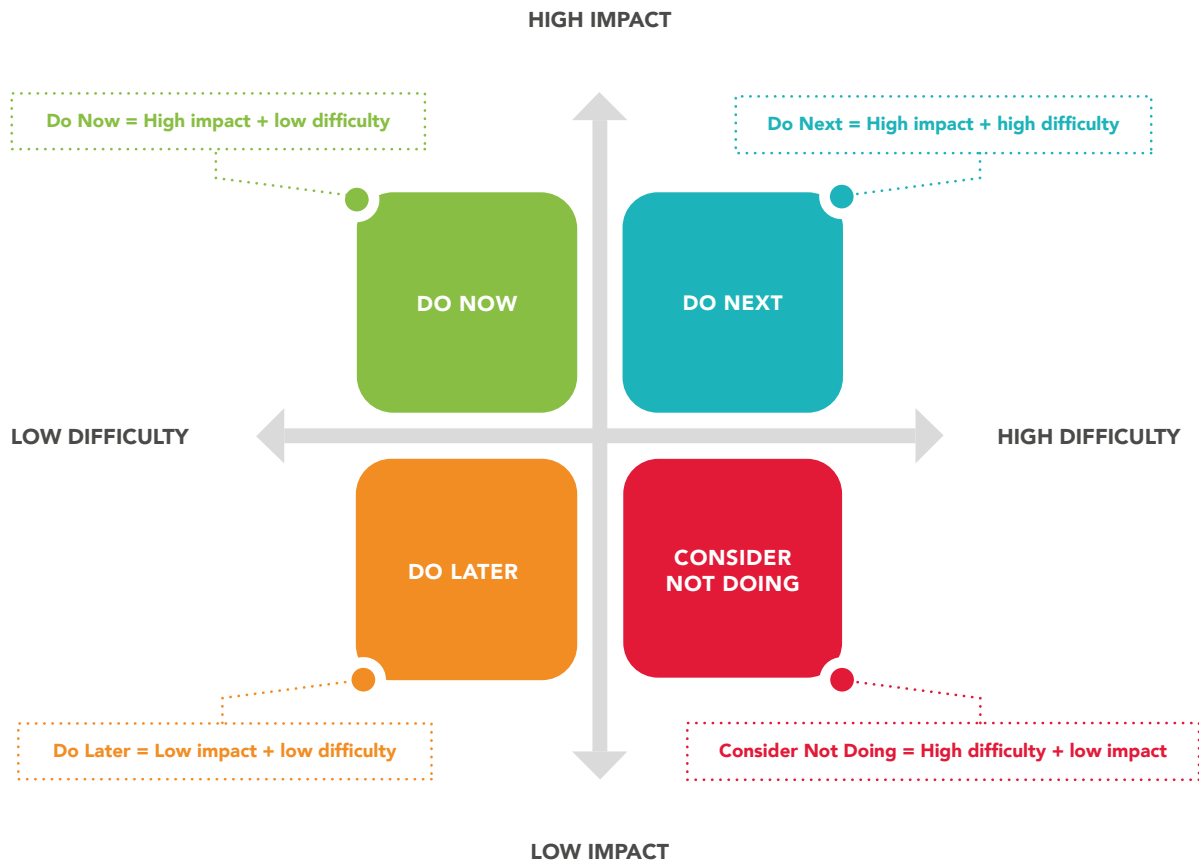
After setting the high-level outcomes (for the programme elements identified as medium- and high- sustainability priorities only), the technical working group will need to sequence the outcomes further along a timeline. That requires identifying which outcomes should be addressed first and

which will require longer-term effort. The purpose of sequencing is to arrive at a timeline that can inform an actionable country HIV Response Sustainability Roadmap Part A and set the scene for developing a transformation implementation plan (part of Roadmap Part B). Furthermore, prioritization and sequencing can also serve donor funding decisions related to the necessary programme and system transformations.

Sequencing the high-level outcomes could depend on the gap between the current situation and the desired outcomes, or it could depend on a combination of impact, implementation considerations, feasibility, timelines, the country's political economy and the external environment that may influence implementation. For the programme elements identified as high- and medium-level sustainability priorities, it is important that countries contextualize their current state and the pathways of change that are needed to achieve programme elements that are more country-led and sustainable and that are better-integrated into national systems. These considerations include:

- **Important contextual or development factors:** What major contextual or development factors in the country or region should policy-makers consider when planning for the achievement of the high-level outcomes?
- **Major blockages and barriers:** The HIV response faces numerous blockages and barriers that hinder progress towards the 2025 targets and ending AIDS by 2030. What major blockages and barriers, if unblocked, will accelerate achievement of the high-level outcomes?
- **Interventions which the government is unwilling to implement or fund at this stage:** Which interventions, though essential for achieving the high-level outcomes, will be difficult to implement or fund, and why (e.g., religious beliefs; fragile or conflict-affected states; trade embargoes; political considerations; etc.).
- **Intervention-level assessment:** A review is needed of the key interventions that are essential for achieving the high-level outcomes to identify and describe the top-priority intervention(s) for success. Countries should specify what activities the country should scale-up, reduce, do differently or halt. Countries should consider, where appropriate, what would make these interventions: more effective, more efficient and more equitable.

Achieving the high-level outcomes may require progress across multiple sectors. In particular, it may include considerations related to macro-fiscal issues, systems for health and health-care worker capacities, and other factors. The criteria should enable the technical working group to anticipate the activities and risks that will affect achievement of the high-level outcomes (Figure 8).

**Figure 8. The priority matrix**

## Section 2.4. Finalizing the HIV response Sustainability Assessment

When the technical working group has completed all three steps of the assessment phase, including completing the sustainability assessment tool (in MS Excel), and validated the responses through multistakeholder country consultations, a short narrative report and analysis of the findings should be drafted.

That report will compile the outputs from the three steps in the assessment and articulate the prioritized and sequenced high-level outcomes and possible pathways for change for each of the domains. The narrative report will be useful for completing the template for Roadmap Part A in Phase 3 and in developing a transformation plan (Roadmap Part B) in Phase 4. For ease of reporting, countries should use the template for Part A of the Roadmap (see Annex 2) when drafting the report. Given the bridging nature of the report, validation and participatory reviews can be combined with Phase 3.



## Phase 2 checklist: The HIV Response Sustainability Assessment

By the end of Phase 2	Section reference	Yes/no	Comments
Has the country assessed the sustainability of the programme elements across the five domains and completed the Sustainability Assessment (in MS Excel)?	2.3.1		
Has the country widely “socialized” the draft Sustainability Assessment and held country consultations to gather feedback and review the findings and recommendations for prioritized high-level outcomes from stakeholders?	2.3.2		
Has the country conducted the four snapshot assessments of the status of the HIV response on: #1: contextual or development factors; #2: major blockages and barriers; #3: interventions which the government is unwilling to implement or fund at this stage; #4: intervention-level assessment.	2.3.3		
Has the country sequenced and prioritize the high-level outcomes?	2.3.3		
Has the country technical working group written a narrative report and analysis of the findings?	2.4		



**PHASE 3:**

# Finalizing the Sustainability Roadmap Part A

Once the HIV Response Sustainability Assessment in Phase 2 has been finalized, the next step is to combine the outputs from the first two phases into the Sustainability Roadmap Part A.

## Section 3.1. What is the Sustainability Roadmap Part A?

The Sustainability Roadmap Part A identifies the high-level outcomes that will put the country on the pathway to achieve the 2025 and 2030 targets and secure the long-term sustainability of that impact beyond 2030. If existing sustainability strategies, plans or Roadmaps have been developed already—and if they set out political, programmatic and financial planned sustainability actions—they should be used. The proposed elements, such as the transformations and high-level outcomes, should be consolidated or distilled into Sustainability Roadmap Part A.

The main purpose of the Sustainability Roadmap Part A is to present the pathways that will guide the transformations that should sustain the impact of the HIV response. It is expected to be a concise, focused, selective and actionable document—the main text should not exceed 25 pages. It should present a summary of the vision, the prioritized high-level outcomes and the change objectives that lay out an actionable pathway towards long-term sustainability of the HIV response by and beyond 2030. It need not be an analytical document, but it should be underpinned by a systematic and evidence-based Sustainability Assessment.

The findings in the Sustainability Roadmap Part A will be important for shaping the transformation plan in Phase 4, including future domestic and international resource mobilization strategies for the prioritized high-level outcomes and for the change objectives. The findings will also be important for sustaining funding for the implementation of national strategic plans for the multisectoral response to HIV.

It is expected that financing the pathways towards the high-level outcomes outlined in the Roadmap Part A, together with increased efficiency and effectiveness of the HIV response, can lead to more efficient allocation of resources and to systems for health that are more resilient and sustainable.





## Section 3.2. Structure of the Sustainability Roadmap Part A

Each country can choose how to organize the Roadmap Part A, though a template is provided in Annex 2. In general, it should include the following elements.

- The country's vision for reaching the 2030 target of ending AIDS and the pathways for sustaining impact beyond 2030.
- A synopsis of progress made towards sustainability of the HIV response in the country, and of barriers and blockages related to the response itself, overall systems for health and enabling environments, based on the Assessment in Phase 2.
- A synthesis of the key considerations and prioritized high-level outcomes and change objectives against each of the HIV response sustainability domains. These are important for developing a robust Part A, since they will help clarify the programme and system transformations that are needed to sustain the HIV response impact.
- A set of annexes that provide additional information, including summaries of:
  - the country engagements, consultations and consensus-building exercises; and
  - the Sustainability Assessment findings and recommendations.

It is important to note that the Sustainability Roadmap and national HIV strategic plans are complementary though different. Both are needed to guide approaches and actions for a sustainable response to the HIV epidemic at country level, but they entail different perspectives. While national strategic plans tend to build incrementally on what is already in place, the new Roadmaps will focus on identifying and driving the transformations required for a sustainable impact of the response beyond 2030. Unlike in the national strategic plans, high-level outcomes that are selected for inclusion in the Roadmap will not include programme interventions for scaling up the response or accelerating the achievement of national strategic plan goals, but which will not necessarily sustain impact in the long run.

The Roadmap Part A does not specify any resource needs or costings for achieving the high-level outcomes and change objectives. Those will be developed in the Roadmap Part B (the transformation and implementation plan) and will include detailed steps and resource requirements for implementing the Roadmap.

Annual implementation reviews and adjustments to Part A are recommended. They will make the Roadmap a living document that reflects the dynamic country context, shifts in the HIV epidemic, and other relevant national, regional and global developments.

## Section 3.3. Steps for drafting Roadmap Part A

To develop the Roadmap Part A, the technical working group will review and draw on the outputs from Phases 1 and 2, as well as other relevant information. The group can then synthesize the findings and recommendations to draft the various sections of the Part A template. If needed, detailed analysis can be included as an annex to the Roadmap Part A.

The following steps are recommended for completing the template.



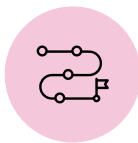
- **Step 1:** Refine and finalize the sustainability vision. This should be the first step of drafting Part A, building on what was elaborated in Phase 1.



- **Step 2:** Concisely summarize progress made on the path towards sustainability of the HIV response. Countries that have already developed sustainability plans, policies or similar documents and analyses can identify lessons learned, and what has and has not worked, particularly in relation to the high-level outcomes.



- **Step 3:** Synthesize the Sustainability Assessment findings and recommendations based on the three steps in the assessment in Phase 2, including critical information that explains the prioritization of high-level outcomes.



- **Step 4:** Briefly present the list of high-level outcomes and the pathways for change for each of the sustainability framework domains (see Section 2.3). In this step, the technical working group should consider overlaps and synergies between domains.



- **Step 5:** Refine and finalize the pathways for change. This should include descriptions of the changes that must be achieved to achieve the high-level outcomes. It also should clearly articulate the results chain for each change and show how each change is expected to contribute to sustaining impact beyond 2030.

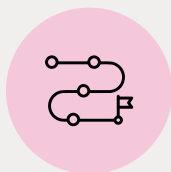
## Section 3.4. Finalizing and disseminating Roadmap Part A

A validation workshop and participatory review can be held to facilitate the finalization of the HIV Response Sustainability Roadmap Part A. Ahead of this workshop, the technical working group should present the draft Roadmap Part A to a wide range of stakeholders for review and feedback.

Countries can determine the consultation arrangements. For example, they may opt for a one-day meeting (a single, large workshop) or several half-day sessions (multiple medium-sized workshops), and the consultation may be entirely virtual, hybrid or in-person.

After stakeholder validation, the technical working group can secure policy and political endorsement of the finalized Roadmap Part A, which can then be launched and disseminated to the stakeholders and community organization partners who participated in its development.





## Phase 3 checklist: Finalizing and disseminating Roadmap Part A

By the end of Phase 3	Section reference	Yes/no	Comments
Has the country drafted an HIV Response Sustainability Roadmap Part A?	3.3		
Has the country hosted a validation workshop and participatory review to discuss and finalize of the country's HIV Response Sustainability Roadmap Part A?	3.4		
Has the country secured policy and political endorsement of the finalized Roadmap Part A?	3.4		



# Annexes

Annex 1: Overview of a phased approach for developing Part A of the Sustainability Roadmap

Annex 2: Template for Part A of the Roadmap

Annex 3: Overview of domains, sub-domains and programme elements

# Annex 1

## Overview of a phased approach for developing Part A of the Sustainability Roadmap



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### Phase 1: Country leadership and governance for development of the HIV Response Sustainability Roadmap

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#### Activities

- Host initial dialogues between government, networks of people living with and affected by HIV, and country representatives from development partners such as the Global Fund, PEPFAR and UNAIDS (where available)
- Form a technical working group (if not already established)
- Stakeholder mapping
- Review and summarize analytical resource package and additional information
- Prepare for the Sustainability Dialogue (including letters of invitation)
- Host the Sustainability Dialogue
- Identify technical and financial needs and support

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#### Outputs

- Technical working group in place with updated terms of reference
- Roadmap scope, plan and timeline
- Sustainability Dialogue meeting report
- Necessary support secured or in progress

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#### Tools for use

- Analytical resource package provided by UNAIDS
- HIV Sustainability Roadmap toolkit




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## Phase 2: The HIV response sustainability assessment

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### Activities

- Convene the technical implementation team or technical working group to conduct the Sustainability Assessment.
- Conduct the five sections (ten steps) of the Sustainability Assessment:
  - The first six steps on the current state of the HIV response in country;
  - The step on the macro-fiscal environment;
  - The goal-setting step for each of the five domains;
  - The assessment of sustainability of the programme elements for the five domains; and
  - The step on prioritizing and sequencing the high-level outcomes.
- Socialize the draft sustainability assessment to gather feedback from stakeholders.
- Hold country consultations to review the findings and the recommended prioritized high-level outcomes and finalize the Sustainability Assessment.

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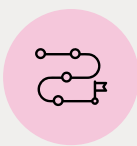
### Outputs

- Completed Sustainability Assessment, including steps 1–6 of the Sustainability Assessment, and the prioritized and sequenced high-level outcomes.

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### Tools for use

- HIV Response Sustainability Assessment tool




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## Phase 3: HIV Response Sustainability Roadmap Part A finalization

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### Activities

- Complete the Roadmap Part A template.
- Host the validation workshop.
- Secure political endorsement.

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### Outputs

- Roadmap Part A finalized for appropriate country processes.

# Annex 2

## Template for Part A of the Roadmap

*This is an illustrative template which countries can customize when compiling a narrative synthesis of the Sustainability Roadmap development Part A.*

This template, in combination with the Sustainability Roadmap Companion Guide, is intended to help guide countries in developing their country-specific Sustainability Roadmaps. The purpose is to identify key areas that must be considered when developing the Roadmap and the content areas that must be included in the final Roadmap.

Countries can and should adapt the template to fit their local context, which may include renaming or reorganizing section headers and restructuring the overall flow of the document. The core elements defined in the template should be retained in the document. Below is a checklist of those elements.

### Executive summary

The executive summary should include 1–2 pages that describe the:

- leadership, governance and coordination structure for taking the Roadmap development process forward, including any existing or new technical working groups, and the plans for completing and subsequent updating of the Roadmap;
- shared visions, country goals, strategies and expected outcomes for the HIV response;
- summary of the current state and the vision for future states; and
- highlights of the key inputs for the transformation plan.

The executive summary should be comprehensive enough to be used as a separate advocacy piece.

### The HIV Sustainability Roadmap development and approach

This section should cover the following summaries of Phase 1 activities:

- Section 1.1: **The HIV Sustainability Roadmap timeline, process and workflow.** Provide a brief description of the process, workflow and timeline set out for developing and updating the Roadmap through 2030, and a basic plan for ensuring the completion of that process (see Section 1.1).



- Section 1.2: **In-country HIV sustainability technical working group.** Describe the technical working group's terms of reference, including purpose, stakeholder roles, structure and approach for coordination and communication (see Section 1.2).
- Section 1.3: **Stakeholder mapping.** Provide an overview of the methods used in the stakeholder review and identification of the stakeholders to be included in the in-country HIV sustainability technical working group (see Section 1.3).
- Section 1.4: **Country sustainability goals and vision.** This section should include a high-level vision summary in addition to specific goal statements. The section should describe the HIV programme components framework that was used and should provide the framework reference if drawn from another source, including a description (which can summarize or reference other approved text) of the envisioned purpose and expected use of the HIV Sustainability Roadmap in the country (see Section 1.4).

## Current HIV response

This section should cover the following summaries from Phase 2 activities:

- Section 2.1: **Current-state assessment.** The country should utilize the framework to guide the current-state assessment and note the HIV programme components that were selected for assessment, along with a brief rationale for that selection. The rationale should link to the goals set in Phase 2. This may include some components that should be present but are not. The template should include the results of the assessment for each domain, including describing the "who", "what", "where" and "with what support" for each component, as well as a status description of the current state (see Section 2.3).
- Section 2.2: **Future-state summary.** The future-state summaries should be provided in the template. This includes the "who", "what", "where" and "with what support" for each component, and the future status (see Sections 2.3.3).
- Section 2.3: **Sustainability priorities.** Summary of the barriers and opportunities for closing the gap. A comparison of the current and future states should be provided for each goal statement. That includes identifying blockages and barriers that separate the current and future states, and documenting those in the template.

## HIV Sustainability Roadmap and change framework

This section should cover the following:

- Section 3.1: **High-level outcomes.** For the gaps, challenges, blockages and barriers identified, countries should articulate high-level outcomes that reflect the transformations that can accelerate progress towards sustaining impact of the HIV response by and beyond 2030 (see Section 2.3.3). Those should be summarized here. Additionally, countries should identify possible pathways for change for each of the high-level outcomes and how impact can be sustained beyond 2030. (Note that high-level outcomes are only to be developed for the programme elements identified as medium- and high-priorities for sustainability. In addition, high-level outcomes should be based on existing country-level strategic plans for HIV and beyond, and on international and/or regional commitments.) The section should consider barriers, risks and opportunities, develop high-level outcomes and set out pathways of change, as well as sequence the identified sustainability priorities.
- Section 3.2: **Pathways for change:** This section should summarize the sequencing and prioritizing the high-level outcomes according to their importance for achieving the future state. This should include a synopsis of what led to the prioritizing, refining and sequencing of the high-level outcomes and an assessment of the impact and difficulty level for closing the gaps, challenges, blockages and barriers (see Section 2.3.3). Understandably, there would be multiple pathways which lead to the achievement of the long-term goals of the HIV response that should be considered when developing a country's change framework.
- Section 3.3: **Key inputs for the transformation plan:** This should include the beginnings of the outcome framework for the HIV Response Sustainability Framework. It includes the prioritized and sequenced high-level outcomes, with brief descriptors and whether they are short-, medium- or longer-term. It should also include descriptors of the strategies and actions needed to achieve the high-level outcomes, as well as some financial and costing considerations.

## Annexes

Countries that have already developed sustainability plans, policies or similar documents and analyses can annex key sections here.

## References

# Annex 3

## Overview of domains, sub-domains and programme elements



### Domain: Political leadership

**Political Leadership** as well as commitment to shared responsibility and effective, inclusive and participatory multisectoral governance and policies, with communities of people living with and affected by HIV at the centre.

#### Domain

#### Sub-domains

#### Political leadership

Political will

Coordination, management and stewardship

Governments are responsible for their citizens and the duty of care for people living with or affected by HIV rests primarily with governments. They are also responsible for creating enabling policy and legal environments that support the HIV response, and for mobilizing, shepherding and coordinating resources for the response. Governments are responsible for prioritizing, target-setting, planning, guiding implementation, and monitoring progress towards achieving goals and targets.

Creating and maintaining a structure that is responsible for establishing and maintaining partnerships—and coordinating those partnerships—is essential for an effective national HIV response and for accountability.

Sustaining the HIV response also requires inclusive governance that serves and engages communities and institutions, along with policies, processes and services that are accessible, accountable and responsive. Committed leadership at the highest possible political level is a prerequisite and it should operate collaboratively with community-led networks and organizations, the private sector and key partners.

This domain covers two sub-domains: political will and coordination, management and stewardship. For each of the sub-domains there are programme elements to be assessed, as shown in the table.

---

**Sub-domain**
**Programme elements—framed as questions:**


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**Political will**

- Has Government's expressed commitment to prioritize investments in health translated into tangible **increases in domestic resources for health**?
- Is **Government spending on health** a relatively high share of government spending (GGHE-D as a % GGE)?
- Do the Ministers of Health and Finance meet annually outside the budget process to discuss health financing?
- Is there demonstrated political will to remove **social and legal barriers to:**
  - HIV prevention;
  - treatment, care and support; and
  - HIV-sensitive social protection?

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**Coordination, management and stewardship**

- Is Government coordinating the national HIV response by using the **Three Ones principles:**
    - One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners;
    - One national AIDS coordinating authority, with a broad-based multisectoral mandate; and
    - One agreed country-level monitoring and evaluation system.
  - Does Government have a **mechanism to coordinate** internally within and across government, particularly on HIV prevention?
  - Does Government provide stewardship of the response by **coordinating with and strengthening community-led networks and organizations** and engaging them in health decision-making spaces?
  - Does Government provide oversight of **private sector provision of healthcare**?
  - Is there a **regulatory framework for the delivery of health-care services by private providers** (private health providers, private not-for-profit providers, or complementary health practitioners)?
  - Does the country have a functional and effective mechanism to **coordinate key development partners and donors** (e.g., the Global Fund, PEPFAR, the UN, etc.)?
  - Is development partner assistance aligned with the principles **for aid effectiveness** as outlined in the Paris Declaration, the Accra Agenda for Action, and the Busan Partnership for Development Cooperation?
  - Is there a mechanism for **regular joint review of the HIV response** (ideally annually, but not necessarily exclusively for HIV)?
-



## Domain: Enabling laws and policies

Enabling laws and policies that support equitable, accessible and high-quality HIV services which leave no one behind and come with strong community leadership and engagement.

---

### Domain

### Sub-domains

#### Enabling laws and policies

Societal enablers

Joint action across development sectors

---

Sustaining impact by and beyond 2030 demands operating environments that do not impede the availability, accessibility and uptake of HIV services. Equity, human rights and broader societal enablers are necessary to create this enabling environment for a successful response that eliminates stigma and discrimination. Impediments such as stigma and discrimination, gender-based violence, harmful laws and policies, and limited access to justice have to be removed. Additionally, gender-based, racial, economic and educational inequalities continue to undermine progress towards achieving the 2025 and 2030 targets.

This domain focuses on the country's progress in implementing the enabling actions, laws, policies and programmes that are necessary to increase the effectiveness of its HIV response. Those include actions aimed at: (i) ensuring a supportive legal environment, rights and access to justice; (ii) reducing stigma and discrimination; and (iii) addressing gender inequality and reducing gender-based violence.

---

**Sub-domain**
**Programme elements—framed as questions:**


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**Societal enablers**

- **Supportive legal environments, rights, and access to justice**
  - Is the country implementing laws to protect the rights of people living with HIV?
  - Is the country actively removing social and legal barriers to HIV prevention and treatment for the following populations:
    - adolescent girls and young women,
    - sex workers.
    - gay men and other men that have sex with men,
    - people who inject drugs,
    - transgender people,
    - prisoners and other people in closed settings,
    - migrants,
    - populations affected by humanitarian crises.
  - Is the country actively removing legal barriers to HIV prevention and treatment, including removing laws that criminalize HIV transmission, non-disclosure or exposure?
- **Stigma and discrimination.** Is the country actively addressing stigma in mainstream health service delivery for people living with HIV and key and vulnerable populations?
- **Gender inequality and violence.** Is the country making tangible progress in addressing gender inequality?

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**Joint action across development sectors**

- **Educating girls**
    - Is the country effectively supporting all girls to complete (secondary) school?
    - Is the country effectively removing barriers to girls' education?
  - Is the country making tangible progress in **reducing multidimensional inequality**?
  - Is **social protection** and/or **social policy** HIV-responsive?
-

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## Domain: Sustainable and equitable financing



Financing must be made adequate, sustainable and equitable, including by: increasing domestic resources; integrating HIV financing into benefit packages and public budgets; ensuring sustainable financing for community-led programmes; closing the funding gap for key and vulnerable populations; and maintaining donor funding.

---

### Domain

### Sub-domains

#### Sustainable and equitable financing

Domestic financing  
 International financing  
 Efficiency, effectiveness and equity  
 Macro-fiscal environment

---

As the deadlines for the 2025 targets approach, a fully financed HIV response is essential to get countries on track to achieve the 2030 goals and sustain that impact beyond 2030. A sustainable HIV response depends on whether country leaderships can mobilize and effectively use health and HIV resources from all sources (domestic and international). Devising financing solutions in the face of an increasingly complex global development and geopolitical context is a priority.

Countries that can strategically use or leverage existing, new or innovative financing sources, instruments and mechanisms will be more able to strengthen their means of implementation and sustain their gains. To do so, countries must know the financial resources that are required to effectively and efficiently provide life-saving services to people living with HIV. Countries must then use this information to efficiently allocate resources, integrate delivery of HIV services into routine primary health-care programmes where optimal, and maximize investments for health and HIV for sustained impact in the long term.

Many of the countries most affected by HIV are also affected by debt crises, which severely undermine their capacity to invest in health and HIV solely from domestic resources. Therefore, a sustainable HIV response also requires a sustainable multilateral response, including a renewed vision for global solidarity and mutual accountability that will lead to consistent international resources for HIV.

This domain covers four sub-domains: domestic financing; international financing; efficiency, effectiveness and equity; and the macro-fiscal environment. For each of the sub-domains, there are programme elements to be assessed, as shown in the table.

---

**Sub-domain**
**Programme elements—framed as questions:**


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**Domestic financing**

- **Raise**
    - Does the country collect sufficient revenue in taxes (overall, not just for health) as measured against International Monetary Fund benchmarks?
    - Is the country leveraging private sector entities to raise additional financing for health from domestic non-tax sources (including blended financing, debt-to-health swaps, bonds, etc.)?
  - **Allocate**
    - Does the country allocate at least 90% of the estimated cost per capita of the minimum health-care package?
    - Has Government's proportion of HIV spending increased as a share of overall HIV spending in the past five years?
  - **Spend**
    - Does the country spend its health budget in full? (budget execution)
- 

**International financing**

- Within the context of shared responsibility and international solidarity, are Government and donors negotiating for **Government to progressively assume greater responsibility for financing the HIV response**, but simultaneously for donors to continue to invest in the HIV response for the long-term in countries that will continue to require external assistance?
  - **Pooling.** Is the country working towards pooling development partner financing (including moving development assistance "on budget")
  - Is the country exploring **blended financing** as a mechanism to leverage development finance and philanthropic funds to attract private capital?
- 

**Efficiency, effectiveness and equity**

- **Equity.** Is out-of-pocket spending on health below the World Health Organization benchmark of 20% of total current health expenditure?
  - Does the Ministry of Health practice evidence-informed decision-making (**technical efficiency analysis**) to improve the technical efficiency of funds spent in the health sector?
  - **Pooling.** Is the country working to consolidate (financing) pools) / fragmented insurance schemes (for health overall, not just HIV)?
  - **Purchasing.** Does the country have or is it working towards having a single payer (for health overall, not just HIV)?
  - Do the Ministries of Health and Finance collaborate to identify and **eliminate bottlenecks in the public financial management system** that affect funding flows?
  - Is the country intentionally **closing the funding gap for key and vulnerable populations?**
-



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**Sub-domain**
**Programme elements—framed as questions:**


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**Macro-fiscal environment**

- **Economy (Gross Domestic Product growth)**
    - Historical GDP growth: real GDP growth (annual %), 2012–2022/23
    - Forecasted GDP growth: real GDP growth forecast (annual %) for the next three years
  - **Health financing**
    - Government spending on health as a share of total government spending (GGHE-D as a % GGE) over the past five years
    - External health expenditure (EXT) as percentage of current health expenditure (CHE) (%)
    - Domestic general government health expenditure (GGHE-D) per capita in US\$
    - Out-of-pocket expenditure as percentage of current health expenditure (CHE) (%)
    - Universal health care service coverage index (SDG3.8.1)
  - **HIV financing**
    - Government expenditure on HIV as a share of general government expenditure, over the past five years.
  - **Revenue raising**
    - Tax collected as a % of GDP (tax revenue , % of GDP)
    - Indicate whether the country meets the IMF benchmark of collecting >15% in low- and lower-middle-income countries; >18% in upper-middle- and high-income countries
    - “How has performance against this measure evolved over time? Write a brief narrative (3–5 sentences).”
  - **Debt profile**
    - Insert country value for: “Public debt interest payments as a share of GDP”
    - Insert country value for: “Development spending: “Health as a share of GDP”
    - Insert country value for: “Development spending: “Education as a share of GDP”
  - **Fiscal space (this is the responsibility of the Ministry of Finance)**
    - Is there an opportunity to expand fiscal space and increase tax collections through reforms, including through public finance management and tax administration reform, tax evasion policies or options to introduce or expand health taxes? (Write a brief narrative of 3–5 sentences.)
    - What are the opportunities to increase fiscal space by reducing costs: (i.e., through improvements in efficiency and effectiveness?) (Write a brief narrative of 3–5 sentences or 3–5 bullet points.)
-



## Domain: Services and solutions

Science-driven, effective and high-impact HIV prevention and treatment services and solutions for ensuring the well-being of people living with HIV.

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### Domain

### Sub-domains

#### Services and solutions

HIV prevention

HIV treatment cascade

Other support services for people at risk of, affected by and living with HIV

Integrated services and solutions

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Saving lives will remain a priority beyond 2030. This domain refers to the core components of the HIV response and the necessary commitment for achieving and sustaining universal access to HIV testing, prevention, treatment, care and support services. A sustainable HIV response requires maintaining these components at the scale and intensity that is needed to sustain the gains and, where necessary, accelerate them by and beyond 2030. Countries must plan a pathway to achieve the 95–95–95 HIV testing and treatment targets within all subpopulations, age groups and geographical settings, including children by 2025. Achieving these targets is essential for getting the world on track to end AIDS and for sustaining that achievement beyond 2030.

This domain covers the four sub-domains of HIV prevention; the treatment cascade; other support services for people at risk of, affected by and living with HIV; and integrated services and solutions. For each of the sub-domains, there are programme elements to be assessed, as shown in the table.

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**Sub-domain**
**Programme elements**


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**HIV prevention**

- **Combination prevention packages for the following key populations:**
    - sex workers,
    - gay men and other men who have sex with men,
    - people who inject drugs,
    - transgender people,
    - prisoners and other people in closed settings,
    - migrants,
    - populations affected by humanitarian crises.
  - **Combination prevention packages in settings with high HIV incidence** (excluding voluntary medical male circumcision) for the following populations:
    - adolescent girls and young women,
    - adolescent boys and men,
    - other vulnerable populations.
  - **Harm reduction** packages for key populations, including opioid agonist therapy:
    - sex workers,
    - gay men and other men who have sex with men,
    - people who inject drugs,
    - transgender people,
    - prisoners and other people in closed settings,
    - migrants,
    - populations affected by humanitarian crises.
  - **Condom programming**
    - Promotion and distribution of male condoms and lubricants,
    - Promotion and distribution of female condoms and lubricants.
  - **Effective behavioural HIV prevention interventions:** including information provision (such as sex education); counselling and other forms of psycho-social support; safe infant feeding guidelines; stigma and discrimination reduction programmes; and cash transfer programmes.
  - **Antiretroviral-based prevention**
    - Elimination of vertical transmission plus<sup>9</sup> (EMTCT+),
    - Pre-exposure prophylaxis,
    - Post-exposure prophylaxis (excluding EMTCT+).
- 

<sup>9</sup> Elimination of mother-to-child transmission of HIV, syphilis and hepatitis B. Geneva. WHO: <https://www.who.int/initiatives/triple-elimination-initiative-of-mother-to-child-transmission-of-hiv-syphilis-and-hepatitis-b>

Sub-domain	Programme elements
HIV treatment cascade	<ul style="list-style-type: none"> <li>▪ <b>HIV testing services</b> <ul style="list-style-type: none"> <li>▪ General population,</li> <li>▪ Key populations,</li> <li>▪ Among populations that are being left behind in HIV testing (specifically, populations relevant for the local epidemic and country context).</li> </ul> </li> <li>▪ <b>HIV treatment</b> <ul style="list-style-type: none"> <li>▪ Preparing people living with HIV for antiretroviral therapy,</li> <li>▪ Rapid antiretroviral therapy initiation,</li> <li>▪ Facilitate easier access to treatment.</li> </ul> </li> <li>▪ <b>HIV care and support</b> <ul style="list-style-type: none"> <li>▪ Peer-led treatment literacy,</li> <li>▪ Peer-led adherence support,</li> <li>▪ Viral load monitoring, or CD4 count monitoring (in settings where viral load testing is not routinely available),</li> <li>▪ Viral suppression.</li> <li>▪ <b>Addressing HIV drug resistance.</b> Promptly switching individuals with treatment failure to alternative therapies.</li> <li>▪ Building <b>public-private partnerships</b> to accelerate achievement of the UNAIDS HIV treatment targets</li> </ul> </li> </ul>
Other support services for people at risk of, affected by and living with HIV	<ul style="list-style-type: none"> <li>▪ Programmes to identify and support <b>orphans and vulnerable children</b></li> <li>▪ Programmes that provide <b>food and/or nutritional support</b> to people living with HIV</li> <li>▪ <b>Mental health</b> and <b>psychosocial</b> support programmes for people living with HIV</li> </ul>
Integrated services and solutions	<ul style="list-style-type: none"> <li>▪ Access for people living with HIV to non-discriminatory <b>treatment and health services, for health issues other than HIV (including sexual and reproductive health and rights)</b>, without incurring financial hardship</li> <li>▪ <b>Integration of HIV testing, prevention and treatment services</b> into the overall health system (where appropriate for country context)</li> <li>▪ <b>Integration of HIV services</b> with tuberculosis, viral hepatitis, other sexually transmitted infections, and noncommunicable diseases</li> <li>▪ Inclusion of <b>HIV services in universal health care / primary health care benefit packages</b></li> <li>▪ <b>HIV-sensitive social protection</b></li> <li>▪ <b>Integration of the elimination of vertical transmission programme</b> into maternal and child health services</li> <li>▪ <b>Integration of comprehensive sexuality education</b> for adolescents and young people in education or social service sectors</li> </ul>

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## Domain: Systems



**Systems** should be built on strong local and institutional capacities to deliver effective, context-specific, people-centred and integrated HIV services for equitable and sustained results. They should do so by using data, human resources and service delivery that go beyond HIV (across health, community, and social systems), without compromising quality or effectiveness.

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### Domain

### Sub-domains

### Systems

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Laboratory  
 Procurement and supply chain  
 Health technologies  
 Strategic information  
 Human resources  
 Delivery systems  
 Financing system  
 Integrated systems  
 Community systems

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For a sustainable HIV response, the health, social and community systems, institutions and resources that deliver health and HIV services must be robust and adequately supported. That includes having a sustainable and fit-for-purpose domestic health workforce and adequately funded community-led responses. A stronger focus on strengthening subnational systems and community responses will have multiple benefits beyond HIV, including for the achievement of universal health coverage.

Concrete action across all the sub-themes of this domain, including laboratories and infrastructure, is needed to sustain the necessary coverage of the range of good-quality and life-saving prevention, treatment and care services and interventions elaborated in domain 2.

This domain covers eight sub-domains: laboratory; procurement and supply chain; health technologies; strategic information; human resources; delivery systems; financing system; and integrated systems. For each of the sub-domains, there are programme elements to be assessed, as shown in the table.

Sub-domain	Programme elements
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>▪ Laboratories (incl. surveillance and blood safety)</li> <li>▪ Laboratories QA/QC and accreditation</li> <li>▪ Laboratory governance and management structures (national and subnational)</li> <li>▪ Laboratory information systems</li> <li>▪ Laboratory storage (warehousing) and distribution (logistics and supply-chain)</li> <li>▪ Laboratory sourcing (if not already integrated into the National Procurement Agency)</li> </ul>
<b>Procurement and supply chain</b>	<ul style="list-style-type: none"> <li>▪ Sourcing</li> <li>▪ Governance and management structures</li> <li>▪ Storage (warehousing) and distribution (logistics and supply-chain)</li> <li>▪ Information management systems</li> </ul>
<b>Health technologies</b>	<ul style="list-style-type: none"> <li>▪ <b>Regulatory approval</b> and quality assurance of medicines and other health technologies.</li> <li>▪ <b>Medicines</b> <ul style="list-style-type: none"> <li>▪ HIV treatment: first-line drug procurement,</li> <li>▪ HIV treatment: second-line drug procurement,</li> <li>▪ HIV treatment: third-line drug procurement,</li> <li>▪ drug procurement for coinfection prevention and treatment (TB and viral hepatitis).</li> </ul> </li> <li>▪ <b>Other health technologies</b></li> </ul>
<b>Strategic information</b>	<ul style="list-style-type: none"> <li>▪ <b>Governance and management structures</b></li> <li>▪ <b>Routine service delivery monitoring:</b> Programme data that are based on individual records, such as electronic medical records in the health sector.</li> <li>▪ <b>Surveillance and surveillance systems</b> for: <ul style="list-style-type: none"> <li>▪ HIV, STIs, TB, malaria, viral hepatitis, and for priority epidemic-prone diseases and events;</li> <li>▪ activities related to assessment of morbidity, mortality, service coverage and biobehavioural surveys or studies in general populations or identified populations at risk;</li> <li>▪ HIV drug resistance (HIVDR) (HIV treatment: system support).</li> </ul> </li> <li>▪ <b>Information management systems:</b> Interoperability of different information systems, including use of unique identifiers across programmes, i.e. at national level.</li> <li>▪ <b>Health financing data and analytics</b></li> <li>▪ Collection, analysis, use and QI of <b>non-health information</b></li> <li>▪ Sharing of data and information by <b>private health providers, private not-for-profit providers and complementary health practitioners</b></li> </ul>

Sub-domain	Programme elements
Human resources	<ul style="list-style-type: none"> <li>▪ <b>Human resources for health</b> <ul style="list-style-type: none"> <li>▪ Planning, management and governance, including recruitment and retention of facility staff and community health workers;</li> <li>▪ Education and production of new health workers;</li> <li>▪ Selection, training and certification;</li> <li>▪ In-service training;</li> <li>▪ Integrated supportive supervision for health workers.</li> </ul> </li> <li>▪ <b>Community-led organizations and networks providing health services</b> <ul style="list-style-type: none"> <li>▪ Support for planning, management and governance of community-led health provision by networks of people living with HIV and key and vulnerable population;</li> <li>▪ Selection, training and certification;</li> <li>▪ Contracting, remuneration and retention;</li> <li>▪ In-service training;</li> <li>▪ Integrated supportive supervision.</li> </ul> </li> <li>▪ <b>Human resources for the multisectoral response</b> (specifically outside the health system / workforce, e.g. school councillors)</li> </ul>
Delivery systems	<ul style="list-style-type: none"> <li>▪ <b>Quality assurance and programme performance</b></li> <li>▪ <b>Differentiated service delivery models</b></li> <li>▪ Engage <b>private sector</b> entities (whether private health providers, private not-for-profit providers, or complementary health practitioners) in service provision and other health sector functions, within a clear framework of engagement</li> <li>▪ <b>Service delivery systems for the non-health multi-sectoral response</b> (i.e., outside of the health system)</li> </ul>
Financing systems	<ul style="list-style-type: none"> <li>▪ <b>Health financing strategies and planning</b></li> <li>▪ Strengthen the <b>public financial management system</b></li> <li>▪ Strengthen the <b>tax collection system</b> (revenue raising)</li> <li>▪ Strengthen <b>other financial systems</b> (including of implementing partners and community-led networks and other civil society organizations)</li> <li>▪ Strengthen systems for <b>risk pooling and purchasing</b></li> </ul>
Integrated systems	<ul style="list-style-type: none"> <li>▪ Integrated systems for <b>health and social protection schemes</b></li> <li>▪ Integration / coordination <b>across disease programmes</b></li> <li>▪ Is the country working to ensure that <b>development partners use public systems</b> to strengthen these country systems?</li> <li>▪ Align <b>development partner human resources for health remuneration</b> with government pay scales and cadres</li> </ul>

## Sub-domain

## Programme elements

## Community systems

- **Community-led monitoring** of HIV treatment and prevention services, including among key populations
- **Community-led research** to monitor HIV-related stigma and discrimination and other human rights violations in various settings, including through the PLHIV Stigma Index
- **Strengthening community systems** to ensure community-led networks and organizations can provide prevention and treatment services, conduct community-led research, monitoring, and advocacy, including of stigma and discrimination and other human rights barriers, and engage in national and local planning mechanisms
- Addressing **legal barriers to the registration and funding of community-led organizations and networks**
- **Social contracting** (including social contracting for community-led organizations to provide community-led services and differentiated service delivery)





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