

UNAIDS 2024
REFERENCE

UNAIDS Technical Support Mechanism

Annual report 2022–2023

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Acronyms and Abbreviations

ABC/M	Activity-based Costing and Management
AIDS	Acquired immunodeficiency syndrome
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CLM	Community-led monitoring
COP	PEPFAR Country Operational Plan
CSIH-WCA	Civil Society Institute for HIV and Health in western and central Africa
CSO	Civil Society Organisation
CSS	Community systems strengthening
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
GC7	Global Fund Grant Cycle 2023–2025
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV
HIV	human immunodeficiency virus
IBBS	Integrated biological and behavioural survey
ICW	International Community of Women living with HIV
ICI-Santé	Initiatives Conseil International Santé
LMF	Last Mile First
M&E	Monitoring and evaluation
MRF	Multi-year results framework
NASA	National AIDS Spending Assessment
NSP	National Strategic Plan
OPM	Oxford Policy Management
PEPFAR	United States President’s Emergency Plan for AIDS Relief
PrEP	Pre-exposure prophylaxis
RST	UNAIDS Regional Support Team
RSSH	Resilient and sustainable systems for health
STI	Sexually transmitted infection
TAF	Technical Assistance Fund
TB	Tuberculosis
TSM	Technical Support Mechanism
UCO	UNAIDS country office
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children’s Fund
US	United States
USAID	United States Agency for International Development
VMMC	Voluntary medical male circumcision
VSD	Virtual Support Desk
WHO	World Health Organisation

Executive Summary

The Joint United Nations Programme on HIV/AIDS (UNAIDS) Technical Support Mechanism (TSM) was established in 2018 and is mainly funded by the United States Government through an agreement with the United States Agency for International Development (USAID). The TSM assists countries in consolidating and focusing their HIV responses to deliver effective programming, strengthening Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) grants, and supporting implementation and sustainability.

The TSM builds on an in-depth understanding of global, regional and country contexts to ensure that technical support is delivered rapidly and flexibly, to contribute to building local capacities and systems and facilitate the sharing of resources, skills and lessons between countries.

The TSM ensures the timely deployment of quality-assured technical support in line with grant criteria and accesses expertise from a pool of over 1 800 consultants. More than 80% of contracted consultants are local and regional consultants, who deliver support to their country or region.

This Annual Report provides an overview of the achievements of the TSM for the reporting period 1 October 2022 to 30 September 2023.

A particular emphasis during this period was enabling countries to meet Global Fund criteria and to prepare successful funding requests. This includes addressing gaps to ensure optimal investment in effective programmes.

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

- 1. Harnessing and utilizing data:** Countries are empowered and utilizing data to accelerate policy and programmatic implementation in priority areas, targeting sub-population gaps, HIV treatment and prevention gaps, and access to HIV-related services.
- 2. Accelerating implementation to close gaps:** Countries and communities within them, accelerate implementation aimed at closing HIV prevention and treatment gaps to ensure impact, including through community-led responses, with an emphasis on addressing access to services gaps to reach children, adolescent girls and young women and other underserved key and vulnerable populations.
- 3. Accelerating implementation through policy and law reform, human rights and gender:** Countries accelerate effective policy and law reform, improve and support human rights and gender to address gaps, and ensure impact.
- 4. Equitable financing and sustaining the HIV response:** Countries increase efficiency, domestic HIV resource mobilisation, and the sustainability of financing for their HIV responses, with emphasis on community-led responses, rights, and sub-populations left behind.

The TSM's technical assistance in support of Global Fund grants

The TSM undertook 325 assignments over the 2022–2023 reporting period. Of these, 216 were completed and 109 were ongoing at the end of the reporting period.

In total, there were 275 assignments in the three priority regions of eastern and southern Africa (107), western and central Africa (103), and Asia and the Pacific (65), as well as 50 assignments across other regions.

Of the 216 completed assignments, 71 involved Global Fund Grant Cycle 7 (GC7) grant implementation, 44 involved national strategic planning and review, 27 involved community and service delivery, 25 involved epidemiology and strategic information, 18 addressed human rights and gender, 12 addressed HIV prevention, ten addressed HIV and economics, and nine addressed HIV treatment and testing.

Key achievements

- ▶ In preparation for GC7, TSM convened workshops in Kenya, Senegal and Thailand that resulted in national counterparts (from **43** countries), country stakeholders (including civil society and community organisations), TSM consultants, Global Fund representatives, United Nations Cosponsors, and other technical support providers improving their understanding of how to develop high quality, prioritized funding requests that maximize the Global Fund 2023-2025 allocations.
- ▶ The TSM contributed to the successful submission and approval of **38** GC7 funding requests. This includes 13 for Window 1 and 25 for Window 2. The total value of approved funding requests was US\$ 4.8 billion. In addition, **nine** more funding requests were submitted and approved under Window 3, for a total value of US\$ 1.1 billion. (Following this reporting period, it was announced that all nine had been successful.)
- ▶ As a result of TSM support, a total of **34** countries reviewed and revised their National Strategic Plans (NSPs), with updated and enhanced strategic information contributing to GC7 funding requests. This included developing and revising monitoring and evaluation frameworks and costed operational plans. The TSM also supported revisions to the National Strategic Plan Development and Review Checklist.
- ▶ TSM support resulted in **28** countries accelerating human rights programme implementation through policy assessments and assistance with law reform, human rights, and gender to remove barriers to access and coverage for key and vulnerable populations and inform the development of Global Fund funding requests.
- ▶ TSM's **24** peer-learning webinars resulted in consultants and partners being informed and updated on a diverse range of topics and themes including, for example, prioritisation, community-led response, and differentiated service delivery.
- ▶ TSM support resulted in **19** countries completing updates to inform their NSPs, which are vital building blocks for Global Fund funding requests. This support included key and vulnerable population size estimation studies, integrated biological and behavioural surveys (IBBS), data quality assessments and inequality analyses.

- ▶ TSM supported **14** countries to conduct National AIDS Spending Assessments (NASAs), resulting in the improvement of the allocation of HIV-related resources towards sustainable health financing. Quality assurance support from the UNAIDS Global Centre resulted in **seven** countries improving their evidence base on granular HIV expenditure data to support programme planning and allocation of HIV-related resources towards sustainable health financing within their completed NASAs.
- ▶ A total of **11** countries were supported to develop standard operating procedures, plans, and training manuals resulting in greater engagement of community and key population groups to improve the quality and effectiveness of community-led responses as part of their national HIV responses.
- ▶ TSM support to **nine** countries resulted in the utilisation of community-led monitoring (CLM) results to engage local duty-bearers in addressing issues including stigma and discrimination among healthcare workers, treatment stockouts, and other factors affecting HIV-related service quality, thereby strengthening programme implementation.
- ▶ **Eight** countries increased the efficiency of their HIV resource allocations by undertaking efficiency analyses, modelling and in-depth NSP costing exercises toward sustainable health financing.
- ▶ TSM supported **eight** countries to deepen their analysis of the needs of key and vulnerable populations to increase access to HIV testing and antiretroviral therapy through differentiated and targeted approaches.
- ▶ TSM support led to **seven** countries refining their approaches and strategies for reaching key and vulnerable populations with responsive HIV prevention programmes through the development of new HIV Prevention Roadmaps.
- ▶ TSM support enabled **seven** countries to conduct quality assessments to inform the strengthening of their elimination of vertical transmission of HIV programmes following the World Health Organization (WHO) guidelines for triple elimination (HIV, syphilis, and hepatitis B) in children.
- ▶ TSM support resulted in **five** countries completing Gender Assessments and **11** countries completing Stigma Index 2.0 surveys, thereby increasing strategic information toward greater equity of access to HIV care and informing GC7 funding requests, programmes and legal frameworks to support populations left behind in national HIV responses.

Context

The AIDS pandemic is evolving. Millions of lives have been saved and are being sustained through access to life-saving HIV treatment—particularly in sub-Saharan Africa and Asia and the Pacific, where more than 80% of people living with HIV reside. Countries affected by HIV have strengthened their political commitments to effectively manage HIV and are engaging in partnerships and implementing programmes towards achieving the 95–95–95, 30-80-60 and 10–10–10 targets for 2025 and ending AIDS as a public health threat by 2030.

New HIV infections have declined substantially since 2010—particularly in regions where HIV incidence was previously high. However, new HIV infections are increasing in eastern Europe and central Asia and the Middle East and North Africa regions.

Despite progress, imbalances prevail. In sub-Saharan Africa, girls and women of all ages comprise 63% of all new infections, and less than half of high HIV incidence districts in the region have dedicated prevention programmes for adolescent girls and young women. Beyond this region, people from key populations remain most vulnerable to HIV infection due to stigma and discrimination, gender-based and other violence, punitive legal systems, and non-responsive health systems—particularly in eastern Europe and central Asia and Middle East and North Africa. Access to HIV treatment for people living with HIV is also constrained in these regions.

Of the 39 million people living with HIV around the world in 2022, 86% knew their HIV status, 76% were receiving antiretroviral therapy, and 71% had suppressed viral loads.¹ By 2025, the target is for 95% of people living with HIV to know their HIV status, 95% of all people diagnosed with HIV to receive sustained antiretroviral therapy, and 95% of all people receiving antiretroviral therapy to be virally suppressed. Attention is given to addressing the lower rates of treatment among men, children, and key and vulnerable populations.

Although annual new HIV infections are declining, each cycle of new infections increases the resources needed to assure lifelong HIV treatment for all people living with HIV in a context where funding is declining. Taking the 2025 targets and global goal into account, it is necessary for countries to engage in medium and long-term planning processes to maintain gains and ensure sustainability of their HIV response.

Global responses and the UNAIDS TSM

The Global AIDS Strategy 2021–2026, *End Inequalities End AIDS*, highlights the importance of drawing on the best evidence to identify gaps and prioritize responses to meet set targets. The targets for 2025 are:

- ▶ **HIV cascade targets (95–95–95):** 95% of all people living with HIV know their HIV status; 95% of all people diagnosed with HIV receive sustained antiretroviral therapy; and 95% of all people receiving antiretroviral therapy are virally suppressed.

¹ Unless otherwise specified, the source for all quantitative data is UNAIDS Global AIDS Monitoring, 2023 (<https://aidsinfo.unaids.org/>) or UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>).

- ▶ **Removing social and legal impediments (10–10–10):** Less than 10% of countries have punitive legal and policy environments that deny or limit access to services; less than 10% of people living with HIV and key populations experience stigma and discrimination; and less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.
- ▶ **Community-led HIV response (30-80-60):** 30% of testing and treatment services are delivered by community-led organisations; 80% of HIV prevention services for people from populations at high risk of HIV infection, including for women in those populations, are delivered by community-led organisations; 60% of the programmes to support the achievement of societal enablers are delivered by community-led organisations.

Accelerated evidence-based responses to HIV are guided by country plans and priorities and are supported by domestic funding with resources delivered through the Global Fund and the United States President’s Emergency Plan for AIDS Relief (PEPFAR).

The TSM was established in 2018 and is mainly funded by the United States Government through an agreement with USAID. The TSM assists countries in consolidating and focusing their HIV responses to deliver effective programming, accessing and strengthening Global Fund grants, and supporting implementation and sustainability. This includes providing support to entities that are crucial for Global Fund grant implementation, such as Global Fund principal recipients, sub-recipients and sub-sub-recipients (including Ministries of Health and Finance, National AIDS Commissions, civil society organisations (CSOs), and communities). All activities are oriented towards helping eligible countries design, manage, and implement Global Fund HIV and HIV/TB grants.

UNAIDS provides strategic direction, advocacy, coordination and technical guidance to catalyse and connect leadership from governments, donors, the private sector and communities, to meet the 2025 targets and 2030 goal.

PEPFAR and the Global Fund support alignment of HIV strategies and responses, address gaps and crises and deliver vital resources to countries and regions where they are needed most. As of September 2023, the Global Fund has provided 28% of all international financing for HIV programmes and has invested US\$ 25.5 billion in programmes to prevent and treat HIV and AIDS and US\$ 4.6 billion for TB/HIV programmes.² Funds are distributed according to three-year replenishment cycles. Record pledges of US\$ 15.7 billion were received for the most recent Global Fund Seventh Replenishment in 2022. These resources are allocated to countries based on their income classification, and grants are provided to fight HIV, TB, and malaria and strengthen health systems in the 2023–2025 allocation period.

Since 2003, the US Government has invested over US\$ 110 billion in the global HIV response through PEPFAR. The initiative has saved 25 million lives, prevented millions of HIV infections, and accelerated progress toward controlling the global HIV pandemic in more than 50 countries.³

PEPFAR continues to deliver people-centred HIV prevention and treatment to millions of women, men and children, enrolling them in a continuum of care specific to their individual needs and contexts. It has supported access to antiretroviral therapy for

² <https://www.theglobalfund.org/en/hiv/aids/#:~:text=Our%20Response-,The%20Global%20Fund%20provides%2028%25%20of%20all%20international%20financing%20for,programs%20as%20of%20June%202023.>

³ https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2023/december/20231201_wad-washington-dc#:~:text=Through%20PEPFAR%2C%20the%20U.S.%20government,the%20global%20HIV%20pandemic

over 20 million people, prevented 5.5 million infant HIV infections, increased access to pre-exposure prophylaxis (PrEP) and voluntary medical male circumcision (VMMC), and has reached adolescent girls in 15 countries through the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) partnership.

PEPFAR's five-year strategy, *Fulfilling America's promise to end the HIV/AIDS pandemic by 2030*, was launched in 2022 and has five pillars:

1. Health equity for priority populations.
2. Sustaining the response.
3. Public health systems and security.
4. Transformative partnerships.
5. Following the science.

The strategy builds on three enablers—community leadership, innovation and leading with data—to leverage PEPFAR-supported public health, community and clinical care platforms to confront current and future health threats that impact people living with and affected by HIV. PEPFAR's support for partner countries is implemented in close collaboration with USAID, which supports and sustains the achievement of HIV epidemic control in priority countries by providing global leadership in developing programmes that maximize impact.

UNAIDS works with country governments, the private sector, communities, PEPFAR and the Global Fund to guide the HIV response. It helps to shape policies, position strategies, and design and scale up HIV programmes, encouraging dialogue and bringing in communities previously left out of decision-making. With over 70 country offices and 80% of its staff in the field, UNAIDS encourages dialogue for decision-making among all relevant stakeholders towards effective and accelerated progress in response to HIV.

The current priorities of UNAIDS include:

1. Advancing the HIV prevention agenda.
2. Accelerating access to HIV treatment and new technologies.
3. Expanding community-led HIV responses.
4. Promoting equitable financing and sustaining the HIV response.

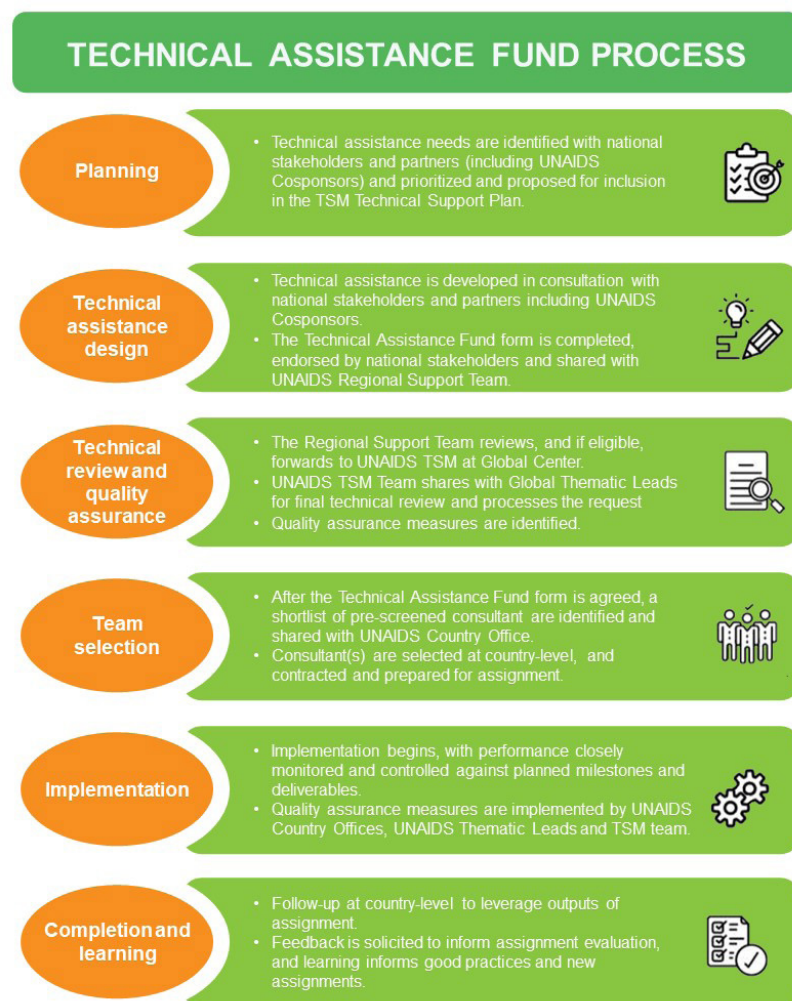
These priorities are advanced through multisectoral partnerships, advocacy for reforms where needed, collaboration with countries on gathering and publishing HIV data to improve programme and investment impacts, supporting capacity development, and promoting sustainable financing.

The UNAIDS Technical Support Mechanism

The TSM builds on an in-depth understanding of global, regional and country contexts to ensure that technical support is tailored to country and regional needs, is delivered rapidly and flexibly, contributes to building local capacities and systems and facilitates the sharing of resources, skills, and lessons between countries.

The main component of the TSM’s work—country-driven, short-term technical support via the Technical Assistance Fund (TAF)—is operationally supported by the TSM’s UK-based implementing partner, Oxford Policy Management (OPM), and OPM’s sub-contractor, Genesis Analytics (based in South Africa). OPM partners with Initiatives Conseil International Santé (ICI-Santé), based in Burkina Faso, to support activities in western and central Africa. Technical support is provided by consultants and partner organisations contracted by the TSM, with technical guidance from UNAIDS thematic experts.

Figure 1.



The TAF is complemented by Last Mile First initiatives (LMFs), which serve to catalyse HIV responses. The LMFs foster and enable legal and policy environments to maximize Global Fund grant implementation and sustain the long-term impact of Global Fund, PEPFAR and national investments. Country-level bottlenecks to Global Fund grant implementation are addressed by catalysing country demand, improving intervention approaches, and enabling multilevel country capacity in three areas: community response, human rights and gender, and equitable and sustainable financing. This support routinely helps multisectoral stakeholders, including community-led and community-based organisations and networks, refine their approaches and improve the effectiveness and sustainability of Global Fund grants and the HIV programmes they support.

LMF initiatives are implemented through several key partners—primarily community networks and community-led organizations focused on strengthening HIV responses in most-affected regions. The progress of the TAF and LMFs is guided and measured by a multi-year results framework (MRF).

UNAIDS Country Offices (UCOs) lead country-level coordination for the TSM support, including with national partners, CSOs, the UN Joint Team, the Global Fund, the US Government, and other technical assistance providers such as Expertise France and the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). UCOs broker and maintain political dialogue and coordinate TAF support based on country contexts, Global Fund grant cycles and requirements, and UNAIDS added value.

The TSM ensures the timely deployment of quality-assured technical support in line with grant criteria and has a pool of over 1800 consultants. More than 80% of contracted consultants are locally and regionally based experts who deliver support to their region or country, illustrating the TSM's investment in local capacity.

The TSM emphasizes transformative technical support towards sustainability by:

- ▶ Ensuring country ownership.
- ▶ Ensuring effective engagement of Cosponsors, other partners and stakeholders.
- ▶ Following evidence-based approaches aligned with global normative standards and frameworks.
- ▶ Incorporating iterative learning and a focus on results.
- ▶ Strengthening the capacities of national counterparts and consultants.

The TSM's efforts contribute to national ownership of the HIV response, rigorous and targeted planning, efficient programme implementation, and fostering of domestic investment and sustainability. High-quality technical support contributes to the adoption and refinement of evidence-informed policies, programmes and models for HIV prevention, treatment and care, focusing on meeting country and global HIV commitments, targets and goals and achieving high levels of impact.

TSM technical assistance directly supports countries' HIV responses through developing Global Fund funding requests, grant making, grant implementation and supporting the building blocks of programme design. Organizations that provide management and implementation capacities as Global Fund principal recipients, sub-recipients and sub-sub-recipients of Global Fund grants are supported.

A particular emphasis during the current reporting period was enabling countries to meet Global Fund criteria and prepare successful GC7 funding requests. This includes ensuring that gaps are addressed and supporting effective programme implementation to maximize investment outcomes. Implementation maps are developed to show how the next funding cycle will be delivered through principal recipients and potential sub-recipients and sub-sub-recipients.

Figure 2 shows the countries eligible for TSM support during this reporting period. This includes **20** in western and central Africa (WCA), **18** in eastern and southern Africa (ESA), **13** in Asia and the Pacific (AP), **seven** in eastern Europe and central Asia (EECA), **six** in Latin America and the Caribbean (LAC), and **four** in Middle East and North Africa (MENA). Western and central Africa is a particular priority for improving HIV programme coverage and epidemic control outcomes, as the region continues to lag in addressing the needs of vulnerable, key and priority populations, and in meeting the Global AIDS Strategy and Political Declaration targets.

Figure 2.

Countries eligible for TSM support, October 2022–September 2023

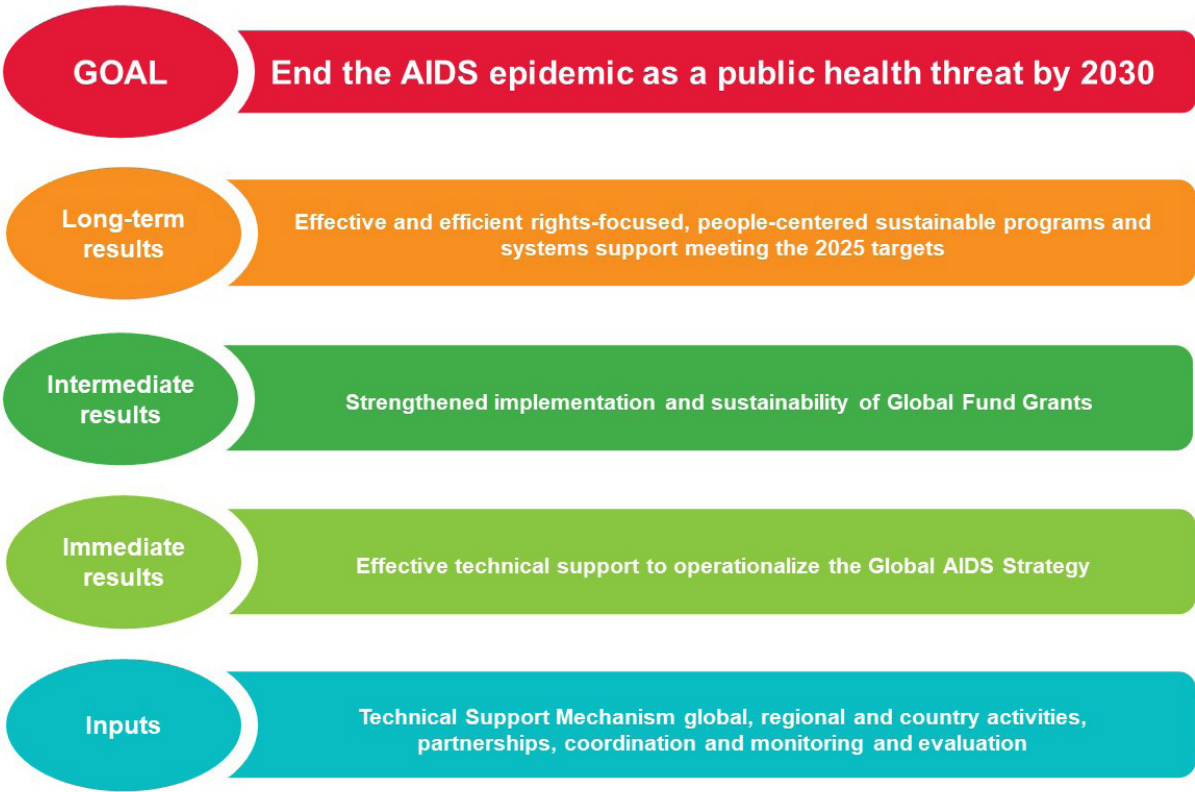


The TSM supports effective, efficient, rights-focused, people-centred, sustainable programmes and systems to meet the 2025 global HIV targets through four result areas.

- ▶ **Result Area 1: Harnessing and utilizing data:** Countries are empowered and utilizing data to accelerate policy and programmatic implementation in priority areas, targeting sub-population gaps, HIV treatment and prevention gaps and access to HIV-related services.
- ▶ **Result Area 2: Accelerating implementation to close gaps:** Countries and communities within them, accelerate implementation aimed at closing HIV prevention and treatment gaps to ensure impact, including through community-led responses, with an emphasis on addressing access to services gaps to reach children, adolescent girls and young women in addition to other underserved key and vulnerable populations.
- ▶ **Result Area 3: Accelerating implementation through policy and law reform, human rights and gender:** Countries accelerate effective policy and law reform, improve and support human rights and gender to address gaps and ensure impact.
- ▶ **Result Area 4: Equitable financing and sustaining the HIV response:** Countries monitor HIV expenditures, sufficiency of resources, increase efficiency, domestic HIV resource mobilization, and the sustainability of financing for their HIV responses, with emphasis on community-led responses, rights, and sub-populations left behind.

These four result areas incorporate three previous result areas and were adjusted in 2023 to improve the categorization and reporting of results in line with the TSM Multi-year Results Framework 4.0.

Figure 3.
Overview of the TSM Results Framework



Summary of results

The TSM undertook **325** assignments over the 2022–2023 reporting period. Of these, **216** were completed, and **109** were ongoing at the end of the reporting period.

There were **275** assignments in the priority regions of eastern and southern Africa (107), western and central Africa (103), and Asia and the Pacific (65), as well as **50** assignments across other regions.

Figure 4 shows the number of completed assignments by technical area. There were 71 completed GC7 funding request development and grant implementation assignments, followed by 44 involving national strategic plans (NSPs) and review, 27 in community and service delivery, 25 involving epidemiology and strategic information, 18 on human rights and gender, 12 on HIV prevention, ten on HIV and economics, and nine on treatment and testing.

Figure 4.
 Number of technical support assignments by theme: Oct. 2022–Sept. 2023



Key achievements

- ▶ In preparation for GC7, TSM convened workshops in Kenya, Senegal and Thailand that resulted in national counterparts (from **43** countries), country stakeholders (including civil society and community organisations), TSM consultants, Global Fund representatives, Cosponsors, and other technical support providers improving their understanding of how to develop high quality, prioritized funding requests that maximize the Global Fund 2023-2025 allocations.
- ▶ The TSM contributed to the successful submission and approval of **38** GC7 funding requests. This includes 13 for Window 1 and 25 for Window 2. The total value of approved funding requests was US\$ 4.8 billion. In addition, **nine** more funding requests were submitted and approved under Window 3, for a total value of US\$ 1.1 billion. (Following this reporting period, it was announced that all **nine** had been successful.)
- ▶ As a result of TSM support, a total of **34** countries reviewed and revised their NSPs, with updated and enhanced strategic information contributing to GC7 funding requests. This included developing and revising monitoring and evaluation frameworks and costed operational plans. The TSM also supported revisions to the National Strategic Plan Development and Review Checklist.
- ▶ TSM support resulted in **28** countries accelerating human rights programme implementation through policy assessments and assistance with law reform, human rights, and gender to remove barriers to access and coverage for key and vulnerable populations and inform the development of Global Fund funding requests.

- ▶ TSM's **24** peer-learning webinars resulted in consultants and partners being informed and updated on a diverse range of topics and themes including, for example, prioritisation, community-led response, and differentiated service delivery.
- ▶ TSM support resulted in **19** countries completing updates to inform their NSPs, which are vital building blocks for Global Fund funding requests. This support included key and vulnerable population size estimation studies, integrated biological and behavioural surveys (IBBS), data quality assessments and inequality analyses.
- ▶ TSM supported **14** countries to conduct NASAs, resulting in the improvement of the allocation of HIV-related resources towards sustainable health financing. Quality assurance support from the UNAIDS Global Centre resulted in **seven** countries improving their evidence base on granular HIV expenditure data to support programme planning and allocation of HIV-related resources towards sustainable health financing within their completed NASAs.
- ▶ A total of **11** countries were supported to develop standard operating procedures, plans, and training manuals resulting in greater engagement of community and key population groups to improve the quality and effectiveness of community-led responses as part of their national HIV responses.
- ▶ TSM support to **nine** countries resulted in the utilisation of CLM results to engage local duty-bearers in addressing issues including stigma and discrimination among healthcare workers, treatment stockouts, and other factors affecting HIV-related service quality, thereby strengthening programme implementation.
- ▶ **Eight** countries increased the efficiency of their HIV resource allocations by undertaking efficiency analyses, modelling and in-depth NSP costing exercises toward sustainable health financing.
- ▶ TSM supported **eight** countries to deepen their analysis of the needs of key and vulnerable populations to increase access to HIV testing and antiretroviral therapy through differentiated and targeted approaches.
- ▶ TSM support led to **seven** countries refining their approaches and strategies for reaching key and vulnerable populations with responsive HIV prevention programmes through the development of new HIV Prevention Roadmaps.
- ▶ TSM support enabled **seven** countries to conduct quality assessments to inform the strengthening of their elimination of vertical transmission of HIV programmes following the WHO guidelines for triple elimination (HIV, syphilis, and hepatitis B) in children.
- ▶ TSM support resulted in **five** countries completing Gender Assessments and **11** countries completing Stigma Index 2.0 surveys, thereby increasing equity of access to HIV care and informing GC7 funding requests, programmes and legal frameworks to support populations left behind in national HIV responses.

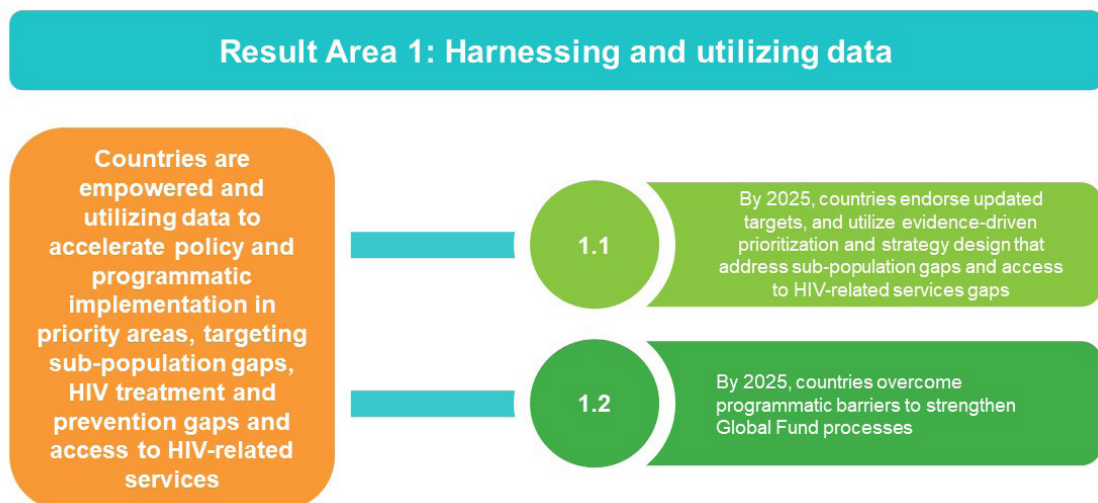
Result Area 1: Harnessing and utilizing data

Strategic information, including data collection, analysis, and guidance, provides a vital foundation for HIV-related policies, programmes and services. This result area contributes to the building blocks necessary for HIV response planning, meeting and strengthening Global Fund grant development requirements and identifying gaps and bottlenecks. The TSM contributes to ensuring that national HIV guidelines, policies and strategies adequately inform HIV responses and provide sound evidence necessary for Global Fund funding requests.

The definition of this result area is shown in Figure 5, with intermediate outcomes as follows:

- ▶ **Intermediate outcome 1.1:** By 2025, countries endorse updated targets and utilize evidence-driven prioritisation and strategy design that address sub-population gaps and access to HIV-related service gaps.
- ▶ **Intermediate outcome 1.2:** By 2025, countries overcome programmatic barriers to strengthen Global Fund processes and programmes, including the continuum of HIV prevention and treatment services.

Figure 5.
Result Area 1



Over this period, technical support was provided to countries for conducting surveys, including of key and vulnerable populations, to inform epidemiology and guide HIV prevention and treatment responses. Gender and human rights assessments were also conducted to identify factors of vulnerability and societal bottlenecks, and several assignments contributed towards improving the capacity of HIV stakeholders to improve data quality and strategic information. Response systems were strengthened by conducting systems analysis and modelling, including systems and modelling related to HIV financing.

Several activities were conducted across countries with a regional or global orientation. For example, technical assistance was provided to leverage Global Fund and PEPFAR funding to accelerate the successful outcome of grant implementation in 12 high-

burden paediatric HIV countries. This work is linked to improving and accelerating action related to program gaps and structural barriers across the four pillars of the work of the Global Alliance to End AIDS in Children by 2030. The Alliance, which is one of the Global Strategic Initiatives to support fast-tracking the response, was launched in July 2022 through UNAIDS, networks of people living with HIV, and the United Nations Children's Fund (UNICEF), with PEPFAR and the Global Fund as technical partners.

Updated targets, evidence-driven prioritisation and strategy design to address gaps

The TSM supports data collection and analysis to help countries to update their targets, prioritize sub-population needs, and design evidence-driven strategies to address gaps in HIV-related services. This includes identifying gaps and barriers and ensuring that strategies are tailored specifically to address these. Diverse research and analysis contribute to understanding the particular challenges that different sub-groups face so that strategies are geared towards more inclusive and effective HIV response efforts.

Robust NSPs are necessary for Global Fund funding requests. NSP reviews were conducted in 11 countries—Angola, Benin, Cambodia, Kenya, Indonesia, Mali, Papua New Guinea, Rwanda, Senegal, South Africa, and Zambia. Reviews of NSPs include assessing gaps and barriers, refining strategies, and strengthening implementation approaches, including community systems and HIV service delivery.

In Mali, as a result of a TSM supported review of the previous NSP (2017-2021) a new costed NSP and monitoring and evaluation (M&E) plan was developed, overcoming data, logistical, and budgetary concerns. In Senegal, response gaps and improvements in efficiency for national and sub-national responses were identified as a result of the TSM-supported review, ensuring that the new NSP is strongly evidence-based. Technical support to Thailand included reviewing HIV programmes to inform an updated NSP and costed operational plan for 2023-2026. The support included analysis of equitable financing, community responses, and sustainability, which is expected to contribute to integrating HIV into universal health coverage (UHC).

In Malawi, an **evaluation of the national HIV prevention programme** supported decision-making and resulted in a stronger foundation for the GC7 funding request. Malawi's National HIV Prevention Framework was repeatedly referenced in the country's GC7 funding request, and prevention interventions were explicitly aligned—particularly in relation to HIV vulnerability in the 15-29-year age range.

NASAs and similar resource tracking efforts help mobilize resources and ensure cost and other efficiencies for programme implementation. Technical support for NASAs was provided in Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo, Indonesia, Kenya, Mongolia, Uganda, Zambia and Zimbabwe. In Chad, the potential to achieve targets across the HIV treatment cascade was improved as a result of technical support that identified challenges and informed actions to support the transition to optimized antiretroviral therapy regimens.

Several other countries used support from the TSM to implement or build capacity for NASAs. These include Cambodia, Ghana, Mozambique, Nigeria and Pakistan. UNAIDS Global Thematic Leads (GTLs) provided capacity for quality assurance of NASAs in 14 countries between October 2022 and September 2023.

Commodity Funding Landscape Assessments, which include monitoring granular data on unit prices of antiretroviral therapy regimens, were strengthened with data from 54 low- and middle-income countries to inform procurement volumes and unit

prices. These data support the strategic assessment of commodity prices towards sustainable financing mechanisms for HIV commodities, including for Global Fund funding requests.

HIV-related surveys generate robust representative data on various sub-populations and provide insights into demographics, contextual and situational circumstances, vulnerabilities, risks and responses. **The People Living with HIV Stigma Index** (Stigma Index) survey, which follows a standardized methodology guided by the Global Network of People Living with HIV (GNP+) and the International Community of Women Living with HIV (ICW), is conducted by people living with HIV to inform a better understanding of stigma and discrimination experienced by people living with HIV, giving impetus to programmatic and other responses to HIV including changes in policies and laws. Stigma Index 2.0 surveys were completed in Angola, Botswana, Eswatini, Ghana, Jamaica, Liberia, Moldova, Morocco, and Zimbabwe. In Myanmar, an **analysis of legal and human rights barriers** was developed through technical assistance to community-led organisations supporting people living with HIV and key populations. The analysis drew on evidence generated through CLM of rights violations, among other data.

In western and central Africa, the TSM supported a regional **second-generation monitoring survey** resulting in the generation of evidence among fishing communities along the Abidjan-Lagos corridor, which passes through five countries. The survey included data on HIV and sexually transmitted infection (STI) prevalence, behavioural risks, stigma and discrimination, access to HIV services and programme reach. Analysis of the findings contributes to NSPs and informs future grant making in the five countries along the corridor.

TSM technical support to assist countries in conducting Gender Assessments, Stigma Index surveys, developing NSPs and undertaking mid-term programme reviews, thereby providing the background needed for developing funding requests which directly support the work of principal recipients, sub-recipients and sub-sub-recipients.

In Morocco, an **IBBS** supported by TSM resulted in evidence to guide responses for vulnerable women, and in Bangladesh, a **rapid situational assessment** provided insights into injecting drug use that contributes to the overall country HIV response. A TSM-supported **situational analysis of drug use** was conducted in Zimbabwe to inform programmes for people who use drugs in support of the country's NSP and fed into the Global Fund resource allocation.

Assessments on human rights and gender to inform strategies, policies, and interventions are among the building blocks necessary for Global Fund funding requests, including being required as a mandatory annex for GC7 funding requests. Technical support was provided for Gender Assessments in Eswatini, the Gambia, Mali, Namibia, Rwanda, Somalia, South Africa, South Sudan and Zanzibar.

Several analyses were conducted, including a **modes of transmission analysis** in Uganda that informed funding requests for vulnerable sub-populations such as adolescent girls and young women, and a **modelling study** in Tanzania that informed the epidemiological trajectory of HIV and guided interventions and plans for sustainability. A **private sector engagement strategy** was supported in Indonesia to improve regulation and reporting of the sector's contribution to HIV.

A Zimbabwe-focused report on HIV-related inequalities in eastern and southern Africa informed strategic priorities and pathways for responses to intersecting inequalities, and an **HIV Inequalities Toolkit** was piloted in Cambodia, Ghana, Moldova and South Africa.

CASE STUDY

Monitoring stigma and discrimination and shaping evidence-informed and rights-based HIV responses over time through Stigma Index 2.0 surveys



Since 2018, the TSM has supported Stigma Index 2.0 surveys in many countries. These studies provide detailed and nuanced insights into stigma and discrimination affecting people living with HIV and other key and vulnerable populations.

Following a standardized process, the surveys build capacity in community-led research and contribute to community mobilisation and advocacy for change. Findings inform NSPs and programmes, guide policy and legislation, build partnerships with people living with HIV networks and stakeholders, and provide vital data for Global Fund funding requests.

A recent global report gathered findings from Stigma Index 2.0 surveys in 25 countries from 2020 to 2023. Survey respondents included people living with HIV and key populations, including gay men and other men who have sex with men (MSM), people who engage in sex work, transgender people, and people who use drugs.

Examples of results following the TSM-supported implementation of the Stigma Index 2.0 during the 2022-2023 reporting period include:

- ▶ Providing the first national-level data on stigma and discrimination in Angola and recommendations for the Ministry of Health, Ministry of Justice, Ministry of Social Action, and the civil society sector.

Improving networking and response in the social protection sector in Benin, following a request for support by the Ministry of Social Affairs and Micro-Finance. Findings included clarifying the extent to which people living with HIV can access social protection interventions and opportunities to address gaps in policies and programmes.

- ▶ Informing support to HIV disclosure and efforts to address internal stigma by engaging the National AIDS and Health Promotion Agency and civil society entities in Botswana. The process included adopting and implementing the Positive Health, Dignity, and Prevention Strategy.
- ▶ Providing insight into the links between punitive, discriminatory laws and stigma and discrimination experienced by people living with HIV and key populations in Jamaica.
- ▶ Supporting planning and campaigns in Liberia to address stigma and discrimination and contributed to setting priorities for GC7 funding requests for human rights interventions.
- ▶ Informing a new HIV and Human Rights Strategy in Morocco.
- ▶ Contributing to analyses of structural, community, and individual level challenges faced by people living with HIV when accessing health services and HIV treatment in Zimbabwe.

Overcoming programmatic barriers to strengthen Global Fund processes and programmes

Aligning strategies, programmes and funding requests with evidence supports policy shifts and provides insights into implementation scale and uneven prioritization. Overcoming programmatic barriers includes drawing together evidence from prevention plans, treatment and care plans, analyses and studies of stigma and discrimination, gender assessments, and other evidence refining HIV responses. Technical support includes diverse specialized assistance that contributes to the efficiency and effectiveness of country responses.

Countries that conducted NSP reviews applied the findings to inform improved and better-targeted programmes and strategies. In the Democratic Republic of the Congo and Namibia, new data were collected for NSP development. Namibia included an **analysis of inequalities to support funding prioritization**. Support was provided to Uganda to **validate VMMC data**, thereby improving targeting and budgeting. Chad and Togo undertook costing analyses, and in the Dominican Republic, a secondary analysis of IBBS data guided **refinements to interventions for high HIV-risk sub-populations**. In Morocco, CSOs conducted a **review of HIV prevention programmes for key populations**, revealing gaps and barriers in programming for women who use drugs. An **external audit of data quality** was conducted in Mali to strengthen the national health management information system, and in Liberia, an **operational plan for paediatric HIV** for 2023-2027—a building block for Global Fund funding—was developed. Viet Nam improved its underlying data by updating **national HIV projections and estimates**, contributing to NSP revisions. Liberia's elimination of vertical transmission plan helped to rationalize interventions for its Window 2 Global Fund funding request and includes using mentor mothers to increase access to family planning and elimination of vertical transmission services.

Several assignments addressed HIV among children—an intervention area recognized as weak in the global HIV response. In Indonesia, an **assessment of the situation of children living with HIV** at a community-based organisation (Lentera Anak) found that more than nine out of ten non-governmental service providers have peer support groups for adolescents living with HIV. However, only around seven out of ten hospitals utilize this approach. The findings informed funding requirements and requests to support children and adolescents with HIV, including pregnant adolescents and young mothers living with HIV. Meaningful child, adolescent, youth and women living with HIV representation in decision-making processes was also highlighted. Other support that addressed HIV among infants and children included developing an **action plan for accelerating infant HIV diagnosis and paediatric care** in Togo. Technical support was also provided to **develop political and programmatic commitments regarding paediatric HIV** in 12 countries (Angola, Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo, Kenya, Mozambique, Nigeria, South Africa, the United Republic of Tanzania, Uganda, Zambia and Zimbabwe), enabling them to join the Global Alliance to end AIDS in Children by 2030.

An **assessment of a key population network** (CARKAP) in Sierra Leone highlighted significant project management challenges, providing insight into issues to be addressed to improve its effectiveness as a Global Fund grant implementer.

In Pakistan, an **assessment of the performance and effectiveness of the HIV response** contributed to operationalizing responses at the provincial level. This enabled more meaningful involvement of provincial AIDS control programmes and key populations in decision-making at the federal level.

Technical support for **costing resource gaps, identifying resource needs, and allocative technical efficiency analyses** was provided in Bangladesh, Cameroon, Ethiopia, Lesotho, Madagascar, Pakistan and Togo, contributing to strengthening community-led responses for key and vulnerable populations. In Burkina Faso, support for an **institutional audit** resulted in developing a plan for a coalition of groups and networks involved in the HIV response.

Integration of social protection programmes into the HIV response was addressed in Côte d'Ivoire, following an investment approach aimed at improving coordination for implementing interventions and providing services for key and vulnerable populations, including people living with HIV.

Technical support was provided for #UPROOT Scorecard implementation in Cameroon, Indonesia, Kyrgyzstan, Nigeria, Panama, Viet Nam and Zambia (see below). The findings were intended to catalyse improvements in the HIV response for youth, including meaningful youth engagement in Country Coordinating Mechanisms (CCMs) and other coordination bodies, informing funding needs, and supporting youth-led organizations to undertake targeted advocacy for change and service delivery based on identified needs from their peers. This effort also provided capacity building on Global Fund-related processes to youth networks in Guatemala, Madagascar and Nepal.

CASE STUDY

Bringing youth to the fore in HIV response through the #UPROOT scorecard

The #UPROOT scorecard is a youth-led monitoring and accountability tool aimed at assessing the status of the national HIV response in relation to young people and catalyse advocacy on areas identified for improvement. The scorecard also supports evidence to be used by young people in Global Fund CCMs as an evidence base to advocate for the priorities identified by young people.

Implementing the scorecard in Panama improved government accountability on youth issues led by young people themselves, leading to expected improvements in implementing national plans on youth and HIV. Greater attention is now paid to a national law that mandates a 4% resource allocation to youth-related activities. This is expected to lead to more significant funding for youth-led organisations working on HIV.

In Indonesia, the scorecard results were used to develop a concept note for the Key Populations module development by the CCM for Indonesia's Global Fund submission. Previous country proposals have lacked specific interventions for young key populations. Utilizing the data from the #UPROOT scorecard and the funding for advocacy support, a concept note for specific interventions on young key populations was developed and integrated as an annex to the country proposal.

In Kyrgyzstan, a coalition of youth organisations was formed, and 20 young people were trained on advocacy for meaningful youth engagement. A roadmap was developed to integrate youth into the HIV response in the country, and a video was created to raise awareness of youth and HIV work. Key players at the national and donor organisation levels have committed to promoting the meaningful participation of young people in HIV prevention programmes for 2023–2024. This commitment includes government bodies such as the Ministry of Health and Education, international organisations, and non-government organisations (NGOs) working on HIV prevention.

In Nigeria, based on the Scorecard's results there, it was found that there was poor implementation of protective laws and policies for young key populations and young people living with HIV. As a result, a media campaign was conducted to raise awareness of this issue, improving young key populations and young people living with HIV's knowledge of their rights as well as the implementation of these protective laws and policies.

Result Area 2: Accelerating implementation to close gaps

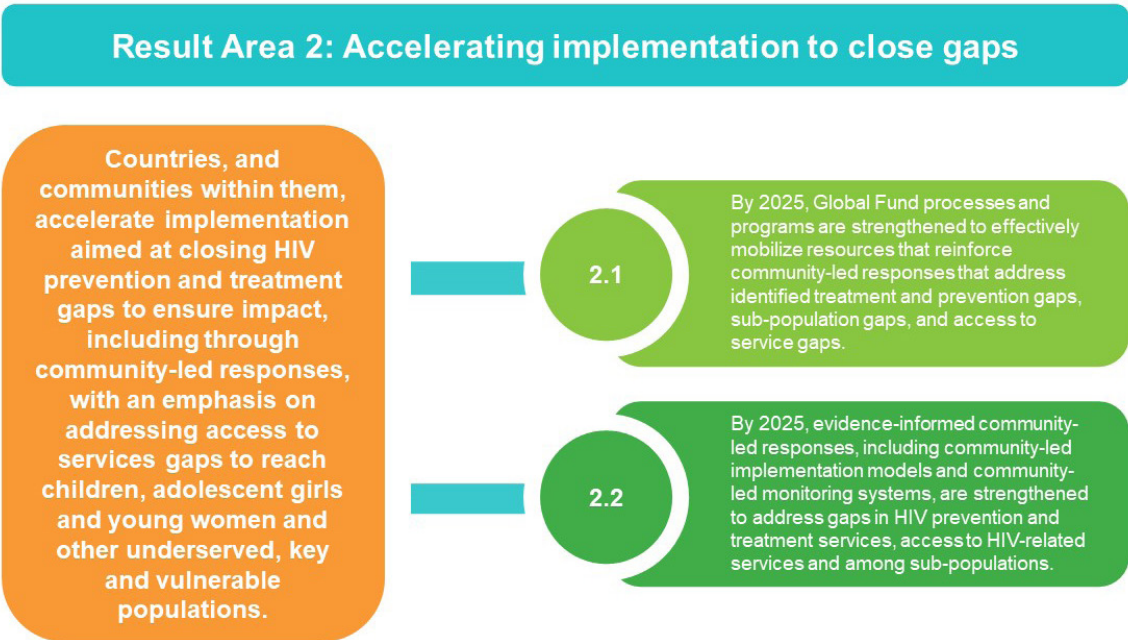
Result Area 2 focuses on supporting the development of Global Fund funding requests and the effective implementation of Global Fund grants, using the evidence generated through activities in Result Area 1.

Country partners and stakeholders are supported in developing high-quality, well-prioritized funding requests that meet the technical and funding criteria laid out by the Global Fund, including alignment with the 2025 global AIDS targets. Intensified technical support focused on engaging underserved groups and key and vulnerable populations, reaching them with innovative programmes and interventions, and tackling barriers to access related to stigma and discrimination, human rights, and gender. Strengthening community-led responses was also emphasized.

The definition of this result area is shown above, with intermediate outcomes as follows:

- ▶ **Intermediate outcome 2.1:** By 2025, Global Fund processes and programmes are strengthened to effectively mobilize resources that reinforce community-led responses to address identified treatment and prevention gaps, sub-population gaps and access to service gaps.
- ▶ **Intermediate outcome 2.2:** By 2025, evidence-informed community-led responses, including community-led implementation models and community-led monitoring systems, are strengthened to address gaps in HIV prevention and treatment services, access to HIV-related services, and among sub-populations.

Figure 6. Result Area 2



Effectively mobilizing resources for community-led responses through strengthening Global Fund processes and programmes

Technical support under this intermediate result area involves assisting countries in obtaining Global Fund funding allocations for HIV prevention, treatment, and care, emphasizing services for key and vulnerable populations and underserved populations, supporting community-led responses, and introducing evidence-based technologies that address gaps or improve resilience. Technical support includes capacity assessments of principal and sub-recipients (and sometimes sub-sub-recipients), and other analyses that directly support principal and sub-recipients.

Grant making processes directly supported included planning, preparing and supporting GC7 funding requests under Windows 1, 2 and 3. Plans are in place for the TSM to support Windows 4, 5 and 6 in the forthcoming reporting period.

The TSM contributed to the **successful submission of 47 GC7 funding requests** for a total of US\$ 5.9 billion during the reporting period (including nine funding requests that were approved following this reporting period). Additional TSM support is planned for the next reporting period.

In preparation for GC7, programme managers, country stakeholders and consultants from 43 countries improved their understanding of how to develop high quality, prioritized funding requests that maximize the Global Fund 2023-2025 allocations through workshops. These were convened by the TSM in Nairobi, Kenya (Anglophone and Lusophone countries), Saly, Senegal (Francophone countries), and Bangkok, Thailand (Asia Pacific countries). Participants included national HIV programme staff, health ministry personnel, Global Fund CCM representatives, civil society, UCOs, technical consultants, thematic specialists, experts from UNAIDS Cosponsors, other technical assistance providers and the Global Fund.

The workshops included hybrid sessions that allowed for in-person and online engagement. The process enabled national counterparts to initiate their work on the funding requests supported by Global Fund, TSM consultants, Cosponsors, and UCOs. Capacities of attendees were strengthened through sessions on:

1. Analysing HIV programmes, gaps and priority investments.
2. Understanding GC7 requirements and implications according to country context.
3. Understanding cross-cutting critical technical areas between countries, including practical response strategies and lessons learned at the country level.
4. Clarifying the technical resources available for the GC7 cycle through the TSM platform including tools, guidance and expertise at regional and country level.

Table 1.

Global Fund funding requests supported by the TSM by region, country, and total by region

Window	Region	Countries	Total funding by region (US\$)
1	Eastern and southern Africa	Malawi, Namibia, South Sudan, Uganda	857 000 000
1	Western and central Africa	Burkina Faso, Côte d'Ivoire, DRC, Niger, Nigeria, the Republic of the Congo	984 000 000
1	Asia and the Pacific	Indonesia, Pakistan, Philippines	128 000 000
1	Eastern Europe and central Asia	Tajikistan	26 000 000
2	Eastern and southern Africa	Eritrea, Madagascar, Mozambique, Tanzania, Zambia, Zanzibar, Zimbabwe	1 670 000 000
2	Western and central Africa	Benin, Burundi, Cameroon, Central African Republic, the Gambia, Ghana, Guinea, Guinea-Bissau, Sierra Leone, Togo	607 000 000
2	Middle East and North Africa	Morocco and Somalia	65 000 000
2	Asia and the Pacific	Bangladesh, Lao PDR, Papua New Guinea, Thailand, Viet Nam	224 000 000
2	Eastern Europe and central Asia	Kazakhstan, Moldova, Ukraine	184 000 000
3	Eastern and southern Africa	Angola, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar (reiteration of Window 2), Rwanda	899 600 000
3	Asia and the Pacific	India, Pakistan (reiteration of Window 1), Nepal	220 000 000
TOTAL			5 864 600 000

Table 1 shows the regions and countries supported per window and the total value of funding requests (including two iterations—Madagascar and Pakistan). The TSM supported applications for 100% of countries eligible for support in Window 1, 86% in Window 2, and 100% in Window 3. Most requests were for HIV/TB, while a few included HIV, TB, malaria, and resilient and sustainable systems for health (RSSH). All but one of the Window 1 funding requests (Pakistan) were successful, and for Window 2, all but two (Madagascar and Papua and New Guinea) were successful. Resubmissions were made on behalf of Madagascar and Pakistan in Window 3.

CASE STUDY

Providing effective and efficient support to GC7 funding requests: The Virtual Support Desk mechanism

The TSM relaunched, restructured and expanded the Virtual Support Desk (VSD) to support GC7 funding request development. The VSD previously helped to support the development of Global Fund COVID-19 Response Mechanism applications.

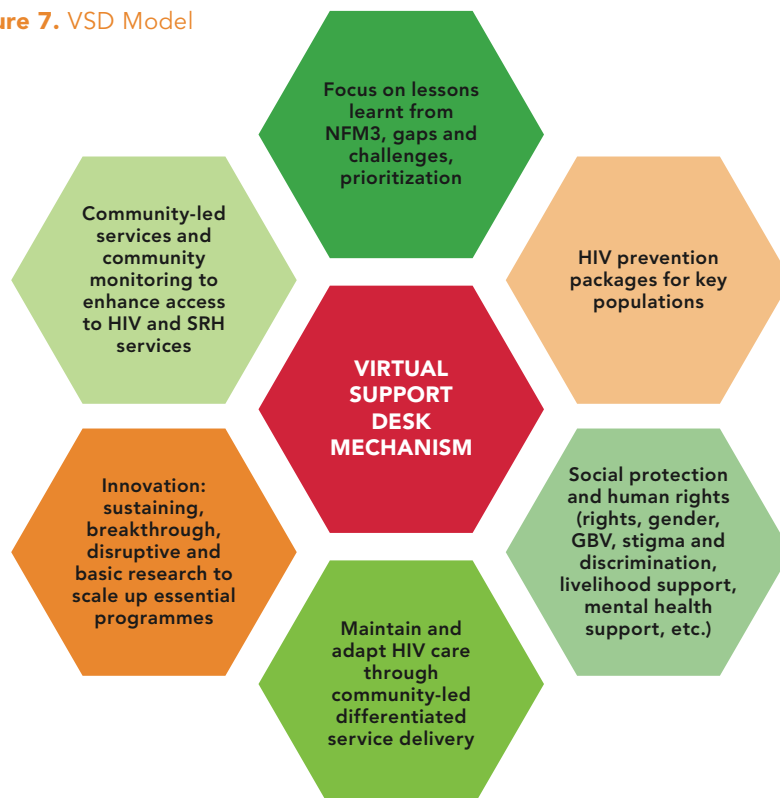
The VSD enables peer reviews of funding requests, responds to technical questions and provides an alternative to in-country support.

To support GC7, a strengthened and revised structure was established to provide:

1. A virtual review of NSPs, draft Global Fund funding requests, and other supporting materials.
2. Virtual support to the TSM in-country technical missions, coaching and mentoring of local consultants.
3. Learning and skill-building.
4. Facilitation of strategic engagement and coordination across global, regional and national partners.

UCOs and countries could access virtual support and share the latest Global Fund materials, guidance and templates, global guidelines, and examples, including cross-cutting considerations for community responses, human rights and gender.

Figure 7. VSD Model



Specialists on HIV and community systems and other key thematic areas were retained under the VSD and provided peer reviews of draft GC7 funding requests and strategic input and advice, and webinars were provided on specific topics.

The VSD conducted 47 reviews of funding requests across Windows 1-3. Some countries were reviewed more than once, and there were also iterative reviews for two countries (Pakistan and Madagascar).

Support also involved determining additional consultant needs, mentoring, providing one-on-one support and contributing to refinements of funding requests. Consolidated peer review feedback was shared with key stakeholders, including the Global Fund, the World Health Organisation (WHO), and other cosponsors and key partners.

Dedicated one-on-one support was provided to country consultant teams as needed during funding request development and a lessons-learned review was compiled for each Window—which UNAIDS will publish. A handbook is also being developed and webinars will be conducted to support forthcoming funding requests.

Apart from extensive support to GC7 funding requests, there was increased demand for support to develop HIV prevention roadmaps and strategies, with guidance also drawn from the Global HIV Prevention Roadmap launched in July 2022. For example, in Ethiopia, where HIV incidence is relatively low, technical support included a district-level HIV incidence review, which categorized 265 districts as high priority, 326 districts as medium priority and 485 districts as low priority. The analysis informed geographically nuanced HIV prevention packages and target setting for HIV prevention to support the country’s HIV Prevention Roadmap.

To support the inclusion of gender-responsive interventions in GC7 funding requests in western and central Africa, the TSM provided technical assistance focused on gender for Windows 1-3. This approach resulted in support for women living with HIV and responses to harmful practices such as female genital mutilation being incorporated in funding requests where Gender Assessments had shown these to be pressing concerns. One of the consultant's key responsibilities was cross-referencing Gender Assessment recommendations with mock Technical Review Panel (TRP) session results and providing feedback to countries. This support complemented the VSD, which provided access to the latest guidelines and examples for HIV services and cross-cutting considerations for community-led responses, human rights, and gender.

In Burundi, technical support resulted in a more robust institutional and organisational framework to support the leadership, governance and coordination of the national HIV response, thereby contributing to developing the country's forthcoming NSP.

The TSM assisted Eswatini in **analysing policies and interventions that have reduced HIV incidence**. It was found that there was a lack of key population programming, and this resulted in a re-evaluation of priorities related to HIV elimination targets.

In Uganda, developing and consolidating **thematic reports** by technical working groups contributed to overall response strategies and included policy refinements.

Technical support to Botswana included **revising the Clinical Guidelines for TB/HIV Management**, incorporating a review by communities and people living with HIV, addressing links to recipients of care approaches, and focusing on managing advanced HIV disease (AHD).

Chad was supported to develop an **operational manual for differentiated models of HIV service delivery and HIV/TB testing and treatment**.

Various **analyses of antiretroviral therapy delivery and retention approaches** were conducted in countries including the Dominican Republic, Sierra Leone, and Thailand. These contributed to strengthening supply chains, streamlining services, and supporting improvements to the health and quality of life of people living with HIV.

A **legal environment assessment** in the Central African Republic generated evidence for key stakeholders to engage in additional law reform following the passage of the new HIV law in the country.

In Indonesia, technical support was provided towards mainstreaming the health and development programme in a generalized epidemic setting to inform a multisectoral HIV strategy, including improving HIV treatment outcomes, addressing barriers to HIV-related services, and **integrating the HIV response into local development priorities**.

CASE STUDY

Advancing gender equality in Nigeria

Gender inequality is an underlying driver of new HIV infections and inhibits treatment and care of women living with HIV in Nigeria. Furthermore, the COVID-19 pandemic and current insecurities have deepened exclusion and poverty that contribute to intimate partner violence in the country.

A Gender Assessment conducted to inform understanding of the gender dimensions of the HIV epidemic contributed to guiding responses through the National Agency for the Control of AIDS (NACA). The assessment provided opportunities for women's leadership in political forums, increasing and strengthening women's voices and agency at the national level. Positioning and monitoring gender inequality and social inclusion as component parts of implementing the National Development Plan was also advanced.

The assessment recommended establishing a capacity building process for policy and programme design, implementation, and monitoring and evaluation in support of meeting the 10–10–10 targets.

Nigeria's Global Fund funding request directly referenced the HIV Gender Assessment, noting that negative cultural practices inhibit meaningful participation of women, and limit access to essential services for women living with HIV, key populations, and other vulnerable groups. It also informed the capacity building of relevant partners to address discriminatory practices and contributed to advocating for the meaningful participation of women's networks in decision-making, leadership and coordination of the HIV response. Technical support strengthened associations of women living with HIV, enhancing their contributions to the HIV response, and also supported male engagement activities to champion positive health seeking behaviour and end violence against women.

In Kazakhstan, Kyrgyzstan and Tajikistan, **community advocacy capacity engagement in decision-making**, including on the Global Fund prioritization, was strengthened to increase access by people who use drugs to HIV services, including through supporting network engagement with government and international organisation representatives.

Support for **guidance on mental health and HIV and a related training manual contributed** to informed policymaking, resource allocation and the implementation of Pakistan's HIV response.

Following the onset of the war in Ukraine in February 2022, access to HIV commodities and services was disrupted, undermining gains obtained through Global Fund and PEPFAR support. Emergency funding through the Global Fund supported the continuity of HIV and TB prevention, testing and treatment services. Technical support through the TSM to **monitor disruptions to service access** through the Health Advocacy Coalition (which includes key population organisation representation), strengthening the capacities of community-led networks and Global

Fund sub-recipients in the context of a humanitarian crisis. A centralized dashboard supported the documentation and sharing of good practices, linkages to services and identifying challenges, including those related to displacement and migration. A chatbot was developed and tested to support communication among Ukrainian key population refugees to support access to commodities and services.

Strengthening evidence-informed, community-led responses to improve access to HIV services

Intermediate outcomes of technical support in this area improve country commitment and scale-up of equity and gender-transformative HIV responses, address human rights barriers, including stigma and discrimination, and incorporate community and key population-led interventions.

CLM includes local community-based organisations, key population groups, people living with HIV, and other community groups in gathering data on HIV-related services to inform outcomes and diagnose challenges and barriers. CLM thus supports optimized service delivery and contributes to action for change as needed.

Technical support for CLM has resulted in faster uptake of this approach and has improved the quality of implementation of Global Fund-funded activities in numerous countries—for example, Malawi, Mozambique and Uganda. This emphasis has supported optimized service delivery and contributes to action for change.

The TSM technical assistance builds on lessons from previous funding cycles, including considering inadequate integration of CLM into funding requests. The TSM emphasizes **generating evidence for including and resourcing community-led responses**, including CLM, into Global Fund funding requests. Technical support has also been directed towards strengthening specific community groups, including religious leaders and key population-led networks.

In Benin and Togo, REBAP+ and RAS+ Togo, Global Fund grant recipients and CLM leads took advantage of capacity-building processes on CLM implementation guides, resulting in refined proposals.

In western and central Africa, 42 organisations across 12 countries shared experiences and best practices to improve the visibility of CLM initiatives and align interventions to maximize intra-country engagement. Also, 14 regional CSOs were capacitated as part of a Regional CLM Resource Pool, improving understanding of CLM principles and capabilities in applying CLM techniques. **National CLM coordination frameworks were established** in the Democratic Republic of the Congo and Sierra Leone, and integrated CLM approaches were validated in Benin, the Democratic Republic of the Congo, Sierra Leone and Togo. The CLM implementation guidance documents developed in the countries covered by TSM technical support serve as useful aids for Global Fund principal recipients, sub-recipients and sub-sub recipients in implementing CLM as part of GC7 activities. Also, in Togo, the TSM supported the capacity development of community groups, improving expertise on key population responses and fostering intervention packages on CLM and differentiated key and vulnerable populations services. This **combination of efforts increases CLM capacities across countries**, improves sharing of lessons learned and enhances funding of CLM activities.

In Malawi, technical support was provided for a capacity assessment of the PEPFAR-supported Liu Lathu CLM project, which falls under the Malawi Network of AIDS Service Organisations. The support led to improvements in data quality, improved participation and engagement of stakeholders and strengthened governance.

This, in turn, helped to harmonize CLM efforts and make more efficient and effective use of Global Fund CLM grant components and PEPFAR investments.

In eastern Europe and central Asia, technical support in Kazakhstan, Moldova and Ukraine contributed to the evidence base for PEPFAR Country Operational Plans (COPs) and the GC7 grant cycle by increasing the capacity of national organisations, groups of people living with HIV and affected communities. A CLM Roadmap was developed in Haiti, securing financial and technical support for CLM activities, including US\$ 2.5 million in funding from PEPFAR.

A focus on community systems strengthening (CSS) and human rights and gender for Window 1 GC7 funding requests was supported through GNP+ and included **costing of stigma reduction activities from a community perspective**.

Technical support in Guyana resulted in the country joining the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (Global Partnership) in conjunction with the implementation of activities to eliminate stigma and discrimination in six priority settings: health, education, workplace, communities, justice and humanitarian, including through implementing a strategy for the review of punitive and discriminatory laws. Outcomes included a law reform strategy and partnership support for an action plan.

To meet the needs of the GC7 mandatory annex on “Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis, and Malaria,” several tools were shared and utilized by TSM consultants to support **CSS integration into GC7 funding requests**. These included the Global Fund Community System Strengthening technical brief, its accompanying Decision-Making tool, and a Technical Brief on CLM. Through collaboration with CSIH-WCA, the TSM contributed to maximizing opportunities for meaningful civil society and community engagement in in-country grant making processes for GC7.

The Global Fund recognizes the active role and contribution of CSOs for Global Fund initiatives, ranging from policy development to implementation of grants. CSOs play a vital role in influencing country-level budgets and programming, including accountability. Diverse TSM support has contributed to strengthening CSO capacities to inform Global Fund funding requests and to support the implementation of Global Fund grants.

- ▶ Global strategic engagement of civil society networks and faith actors in the national HIV response through TSM resulted in the **development of four country-specific joint advocacy plans for civil society networks, faith leaders and other stakeholders** to advocate for coordinated and sustainable HIV responses in the Dominican Republic, India, Indonesia and Jamaica. Apart from various advocacy and coordinating initiatives that emerged, including addressing the role of the faith sector in global strategies, there is a need to disseminate information on HIV interventions supported by the faith sector. It was suggested that the World Council of Churches could play a role in this process by empowering and strengthening the voices of communities, civil society and faith leaders.
- ▶ In Indonesia, technical support to review the national vertical transmission strategy led to the development of a community-led prevention of vertical transmission Standard Operating Procedure, strengthening outcomes for vulnerable women in priority cities and districts nationwide.
- ▶ A **Manual for Employers on HIV in the Workplace** was developed through the Global Partnership in Uganda, which included engagement with high-level government, labour unions, the private sector, UN representatives and the Uganda

AIDS Commission. The Commission has validated the manual and is contributing to a reformulation of the Ministry of Gender, Labour and Social Development's HIV in the workplace policies.

- ▶ In eastern and southern Africa, the TSM supported stakeholders to identify and learn how to use innovative approaches involving traditional and religious leaders in **addressing harmful social practices underpinning HIV** in Eswatini, Malawi and Zambia. The initiative's deliverables are expected to support resource mobilization for effective interventions that engage traditional leaders as behaviour change agents, contributing to their participation in Global Fund processes and applications.
- ▶ In the Middle East and North Africa, mapping and assessment of youth and adolescent organisations informed the development of capacity-building plans to support youth organisations in their efforts to **address HIV among young people**.
- ▶ In Asia and the Pacific, support was provided to **strengthen key population leadership**, including engaging in national strategic planning and Global Fund country-level processes, demanding accountability on global commitments related to women and HIV, and leading research and evidence-based advocacy efforts. Also, in Asia and the Pacific, technical assistance was provided to Youth LEAD, a regional network of young key populations. The network led the 2022 Asia and the Pacific Youth Forum with the Government of Thailand. The Forum compiled recommendations for action to reduce HIV infections among young key populations. Results include the development of **a guideline on GC7 for youth-led organisations, contributing** to efforts to improve youth leadership in CCMs.
- ▶ In Latin America and the Caribbean, the establishment of a multisectoral forum to engage stakeholders in the Dominican Republic and Haiti was supported to develop multisectoral action plans to address legal, human rights, and gender-related barriers to healthcare access.
- ▶ In Mali, an organisational assessment of a network of key population-led organisations and Global Fund grant recipients illustrated vulnerabilities in governance, programme management and risk oversight, which led to the development of a capacity-building plan with corrective actions. Implementation of the recommendations will contribute to strengthening civil society participation in implementing HIV and TB interventions in the country.
- ▶ In Tanzania, support was provided to developing standard operating procedures for implementing community-led outreach and planning strategies for key and vulnerable populations. It includes clarifying systematic support through peer educator ratios in key population programmes and key population resource allocations and targets and contributing to the country's GC7 funding request. The support will lead to more efficient and effective outreach systems and ensure that comprehensive services are widely available to key populations.

CASE STUDY

Women living with HIV in Botswana: Raising voices for change

Advocacy for integrating key populations into policy discussions and committees that concern them was brought about in Botswana through TSM support to the certification process to the elimination of vertical transmission of HIV. This process elevated the voices of key populations by enabling concerns to be raised regarding the quality of health service provision.

The Government of Botswana worked with the National Validation Committee and the International Community of Women Living with HIV (ICW) to develop solutions and give greater representation to key populations in the committee. Through this initiative, key population networks in ten districts, including Bomme Isago and Bonepwa+, were brought together to deepen their knowledge of the validation process and receive training to lead district-level focus group sessions. Additional support was offered for translating the human rights assessment tool and the feedback session guide.

The approach resulted in strengthened activities for the prevention of vertical transmission of HIV and included opportunities for dialogue with the national validation committee, addressing the concerns of key populations. For example, key populations highlighted their experiences of coercion regarding forced sterilization and HIV testing without informed consent. This led to a government campaign targeting health workers regarding national public health laws and guidelines.

Result Area 3: Accelerating implementation through policy and law reform, human rights, and gender

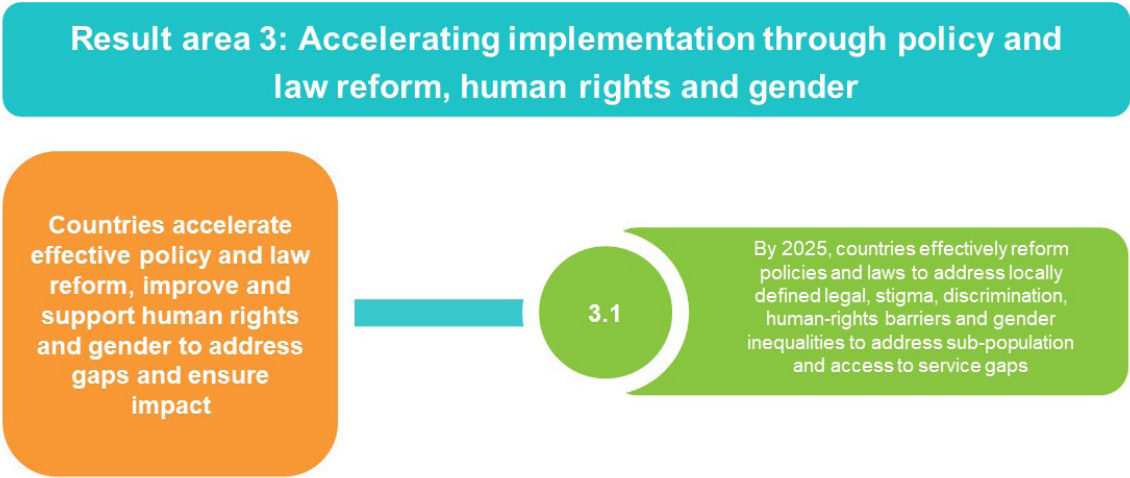
This result area supports countries, networks of people living with HIV and communities affected by HIV, CSOs and other stakeholders to identify opportunities and advance the reform of restrictive or punitive laws and policies that act as barriers for an effective HIV response in line with human rights and gender priorities. It responds to priorities expressed in the 10–10–10 targets and addresses societal concerns (including violence, stigma and discrimination) and programmatic barriers to accessing HIV prevention, testing, treatment and care services.

Activities supported include conducting human rights and gender assessments in support of mandatory inclusion in GC7 funding requests, supporting the Global Partnership through regional and country assignments, and providing support to counter sociocultural, political and legislative infringement of the rights of gay men and other MSM and transgender people.

The definition of this result area is shown in Figure 8, with the intermediate outcome as follows:

- **Intermediate outcome 3.1:** By 2025, countries will effectively reform policies and laws to address locally defined legal, stigma, discrimination, human rights barriers and gender inequalities to address sub-populations and gaps in access to services.

Figure 8.
Result Area 3



Reforming policies and laws to address sub-populations and gaps in access to services

The urgency for law and policy review to ensure that countries align with and strive to achieve the Global AIDS Strategy's 10–10–10 targets is also reflected in the Global Fund Strategy and the GC7 Programme Essentials. It delineates the demand for technical support in this area. PEPFAR's five-year strategy highlights the importance of human-rights-related responses to HIV, including key population programming, reducing stigma and discrimination in the health sector, CLM, and reforming discriminatory laws and policies affecting key and priority populations. Activities are also conducted to assess the progress of the Global Fund's Breaking Down Barriers initiatives in 20 countries.

Numerous iterations of the **Stigma Index survey** have been conducted since the TSM's inception. Eleven countries conducted the survey or applied its results to NSPs and GC7 funding request development during this reporting period. At the global level, the TSM supported the review of multiple Stigma Index surveys towards the first Global Report on the survey findings (see case study above).

In Middle East and North Africa, technical support was provided for:

- ▶ **Analysis of legal and human rights situations** in Burundi, Ghana and Senegal.
- ▶ **Input into NSPs and GC7 funding requests** in Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, the Democratic Republic of the Congo, the Gambia, Senegal, and Togo.
- ▶ **Guidance on reviewing discriminatory laws** in the region,.

An **Inequalities Assessment Toolkit** was piloted in Cambodia, Ghana, Moldova and South Africa and contributed to a better understanding of inequalities underpinning HIV risks and vulnerabilities among key and vulnerable populations. The Toolkit was developed by partners, including the African Population and Health Research Centre in Kenya, and TSM consultants supported piloting to support national stakeholders, including HIV programme managers, practitioners and policymakers. The Toolkit assists countries and communities in their efforts to identify HIV-related inequalities and underlying drivers, which contributes to realizing human rights outcomes. The analysis of inequalities together with its findings and recommendations contributed to informing national strategic plans reviews, GC7 applications and implementation of Global Fund grants.

The TSM provides support contributing to the implementation of the Global Partnership and addresses priorities to increase commitment to the partnership and processes, including multi-sectoral, community-led partnerships to reduce stigma and discrimination in healthcare and other settings, such as communities, the justice sector, workplace, education and humanitarian contexts. Resources were also mobilized through ViiV Healthcare's Positive Action funding, which supported communities in three countries to engage substantively in Global Fund and PEPFAR processes to ensure robust funding for scaled-up implementation.

In Asia and the Pacific, enhanced **partnerships were built among key stakeholders**, including healthcare professionals implementing the Southeast Asia Stigma Reduction Quality Improvement Learning Network, people living with HIV and key population communities. In eastern Europe and central Asia, improved positive attitudes towards people living with HIV and key populations were brought about through communication activities, including training journalists, health workers and civil society representatives.

Reforming specific aspects of laws contributes to reduced discrimination and increased legal protection for people living with HIV and key and vulnerable populations. In the Central African Republic, a **new HIV Law** was introduced at the end of 2022, which improves on the previous HIV Act and includes ensuring the confidentiality of test results and prohibiting stigma and discrimination towards people living with HIV. Other aspects include the mandatory provision of protection and care following sexual violence and education on HIV in schools, prisons and workplaces.

An **analysis of legal and human rights barriers** affecting key population access to health services in Jamaica links to efforts to remove harmful, punitive and discriminatory laws. It also relates to the activities of the Global Partnership. Follow-on activities include consultations with people living with HIV and support for advocacy for law reform. Support for an **anti-stigma advocacy action plan** helped to achieve consensus on law reform addressing the criminalization of HIV transmission in Kazakhstan. It also contributed to developing the GC7 funding request and legalizing access to shelters for key populations and victims of domestic abuse.

Several other results have been achieved through technical support in this result area, including:

- ▶ Integration of human rights into national plans in Angola.
- ▶ Operationalizing prioritized HIV prevention services for key populations in Bangladesh, including activities aimed at removing gender barriers.
- ▶ Developing 'Know Your Rights' materials and reviewing and strengthening legal support services and human rights proponents in the Central African Republic.
- ▶ Addressing gender-based violence and HIV-related stigma and discrimination and improving access to services for violence survivors and vulnerable people in Haiti.
- ▶ Developing an evidence-informed bylaw that supports protection and social support for people living with HIV, including PUD, in Kazakhstan.
- ▶ Strengthening community-led responses for addressing stigma and discrimination among young lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) people in the Philippines.
- ▶ Supporting a programme of action and Men's Charter in South Africa that included a focus on men as fathers and partners for creating safe households linked to the NSP and contributing to the country's Global Fund grant implementation.
- ▶ Supporting the meaningful participation of women-led networks in the GC7 process in Cambodia, Indonesia, Papua New Guinea, the Philippines, Thailand and Viet Nam.

Result Area 4: Equitable financing and sustaining the HIV response

This result area involves policy guidance, technical support, capacity development and quality assurance to countries to maximize the impacts of the Global Fund grants, mobilizing available resources and establishing sustainable solutions that ensure effective, efficient and equitable AIDS responses.

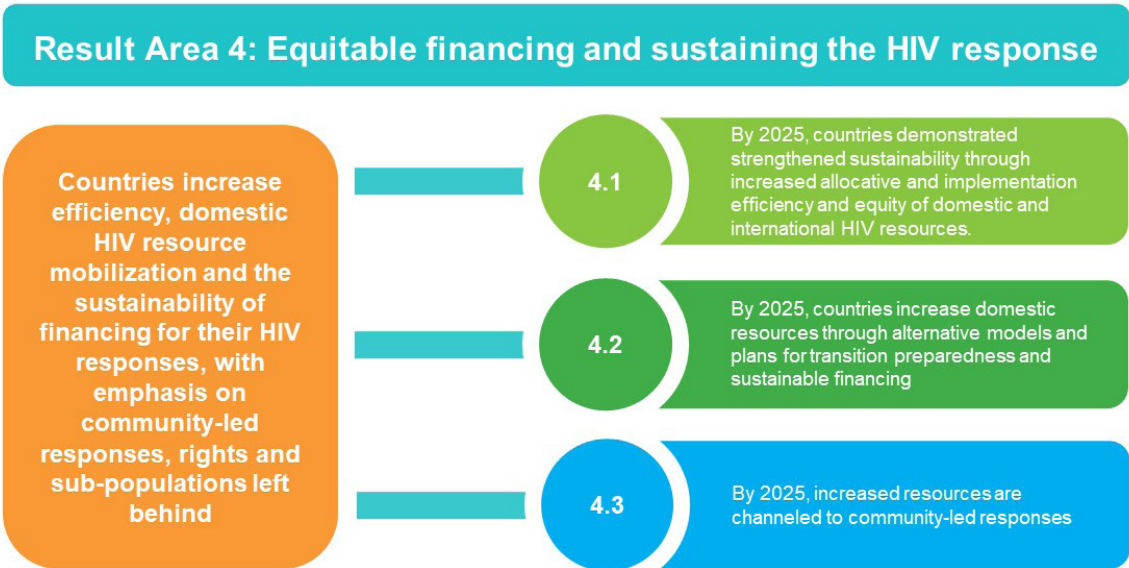
Macroeconomic instabilities include increasing debt and constrained spending capacities, which continue to limit HIV health financing. The COVID-19 pandemic and conflict in Ukraine have exacerbated these. External funding is decreasing, and donors expect that countries will increase or prioritize their internal resource allocations for HIV and improve efficiency and cost-effectiveness.

Costing of NSPs contributes to country resource management. Other costing-related support includes conducting cost-effectiveness and efficiency studies, enabling routine generation of accurate costing data through national financial systems and data and preparing countries for sustainable financing by identifying country-tailored opportunities for integrating HIV into domestic health financing.

The definition of this result area is shown in Figure 9, with intermediate outcomes as follows:

- ▶ **Intermediate outcome 4.1:** By 2025, countries demonstrate strengthened sustainability through increased allocative and implementation efficiency and equity of domestic and international HIV resources.
- ▶ **Intermediate outcome 4.2:** By 2025, countries increase domestic resources through alternative models and plans for transition preparedness and sustainable financing.
- ▶ **Intermediate outcome 4.3:** By 2025, increased resources are channelled to community-led responses.

Figure 9. Result Area 4



Strengthening sustainability through increased allocative and implementation efficiency and equity

Approaches that support this intermediate outcome include:

- ▶ Ensuring the optimization and prioritization of responses to fit resource envelopes.
- ▶ Improving accurate costing of NSPs, undertaking efficiency studies to support value for money.
- ▶ Leveraging integration of HIV services into UHC.
- ▶ Contributing to health insurance and other financing arrangements.
- ▶ Supporting routinization of Activity-based Costing and Management (ABC/M)—which includes support to a Regional Technical Network supported by PEPFAR through USAID.
- ▶ Incorporating funding landscape analyses and sustainability assessments and plans into NSPs and Global Fund funding requests.

Support to **efficiency analyses** and related reviews informed NSP development, targets and priorities for GC7 funding requests in Angola, Cameroon, Namibia, South Africa and Zambia. Investment approaches to NSPs were supported in Angola, Cambodia and Zambia, and in Latin America and the Caribbean, an **inventory list of unit costs** contributes to data for GC7 funding request development.

Technical support to NSP development in South Sudan was aided by a **scenario and efficiency analysis** as well as the costing of the NSP. Technical support was also provided to inform technical efficiency for resource allocation.

There are opportunities to increase demand for modelling and evidence to support improved allocative efficiencies for countries updating their NSPs or conducting mid-term reviews. The TSM supported the **costing of NSPs and national operational plans** and provided technical support to develop Global Fund funding request budgets.

Investment cases define ways of improving the HIV response through a cost-effective mix of interventions and in various scenarios over time. Financial modelling and costing analyses further refine the understanding of HIV financing and sustainability. Technical support included:

- ▶ Costing of resource gaps and needs and allocative technical efficiency analyses conducted in Bangladesh, Cameroon, Ethiopia, Lesotho, Madagascar, Pakistan and Togo.
- ▶ Improved costing of NSPs undertaken in Benin, Malawi, South Africa and Zimbabwe, contributing to GC7 funding requests.
- ▶ Comprehensive modelling to inform the formulation of the National AIDS Strategic Framework, including resource allocation, was conducted in Zambia to define pathways to achieving global targets and increasing domestic funding.
- ▶ Consensus activities linked to maximizing HIV resources led to the revision of programme targets and shorter timeframes for scaling up PrEP in Cambodia.

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

Undertaking HIV and health financing assessments, preparing sustainability plans, related action plans and transition readiness assessments contribute to increased and sustainable domestic financing. Country-owned sustainability pathways are catalytic and include UHC integration and financing. There have been shifts in dialogue regarding sustainability and 'transition readiness' towards more holistic assessments that are not so narrowly focused on the financing dimensions of sustaining the HIV response.

In Namibia, technical support included **dialogues on barriers to domestic financing**. It contributed to recommendations for the integration of HIV into UHC, as well as links to social health insurance schemes.

In Thailand, where there is free access to private and public health facilities for HIV commodities and services through insurance schemes and social contracting, equitable financing requires policy changes to better support migrant populations, among other considerations. These challenges were identified through the TSM technical support on sustainable financing.

A National HIV/TB Funding Sustainability Framework and Action Plans were integrated into the NSP in South Africa, with support contributing to sectors and provinces pursuing a sustainability agenda and sustainability planning institutionalized into governance and management structures.

At the global level, the TSM supported the analysis and synthesis of data resulting in the disparities between countries that had received debt service suspensions following COVID-19 being highlighted. This included exploring the relation to incidence-prevalence ratios and proportions of debt expenditure for health. Developing countries tend to have a higher proportion of debt expenditure while they also have a higher HIV burden. Recommendations included exploring multilateral financing and debt relief initiatives. The issues identified inform PEPFAR's vision of sustaining the HIV/AIDS response and country-led and owned sustainability and health financing dialogues.

Technical support for sustainable financing was provided in Botswana and Uganda, contributing to a cabinet position paper on the future of HIV financing, including in negotiations to unlock PEPFAR funding to the government that had been frozen after the passage of the anti-homosexuality act. In Botswana, the support has resulted in agreements on key actions at the highest level of government, signalling political commitment.

In Zambia, comprehensive modelling to inform national planning, target setting and grant applications clarified the allocation of resources to more impactful interventions and prioritization for optimal health outcomes. The outcomes informed the Global Fund funding request, and in the longer-term, they will lead to a more efficient allocation of resources which will improve health impacts. The outcomes will also fast-track achieving the targets, and improve the sustainability of the HIV response.

In eastern Europe and central Asia, considerable progress was made towards implementing a government-endorsed transition roadmap in Ukraine that was unfortunately disrupted due to the war with Russia.

Several assignments contributed to shaping financing policy in favour of more equitable and impactful HIV interventions and service provision. These included:

- ▶ An assessment of out-of-pocket expenditures and barriers to HIV and health services in the Central African Republic, which will contribute to removing user fees, providing

unconditional transfers, promoting progressive financing, and ensuring equitable access to services.

- ▶ Synthesis of evidence to support country stakeholders in engaging with in-country processes to influence HIV equitable financing policies and resource allocations for HIV-supported country briefs in eastern and southern Africa, including for Botswana, Kenya and Tanzania.
- ▶ Support was provided to a multisectoral stakeholder group in Uganda to review HIV financing for the National AIDS Council, informing policy changes and reforms to improve financing systems' efficiency, management and governance.
- ▶ Ways of ensuring access to care for people living with HIV and TB were identified through an in-depth analysis of barriers to accessing service in the Central African Republic.

Increased resources for community-led responses.

Social contracting supports systematic responses to HIV by investing in and supporting community-led organisations delivering HIV services. The TSM provided regional support to eastern and southern Africa, including direct support to Botswana, Kenya, Namibia, South Africa, Tanzania and Zimbabwe, to establish a working group on community-led response financing. Activities included the analysis of challenges and barriers and capacity building jointly with the Global Fund, the United Nations Development Programme (UNDP), and the World Bank to **facilitate social contracting arrangements in the region**. The TSM also provided technical support to 12 countries in Middle East and North Africa to identify barriers and the steps needed to advance social contracting of community-led responses. This led to the establishment of the eastern and southern Africa working group on community-led response financing, thereby contributing to regional ownership. The overall effort supported processes for removing barriers to social contracting and expanding and establishing social contracting initiatives.

In Zimbabwe, the **economic costing of self-help groups** of people who engage in commercial sex resulted in cost estimates for programming. Estimates of the value of volunteer time were also generated, which support advocacy for the fair pay of volunteers.

Responses to bring about social contracting require **evidence-driven advocacy**, commitments for transitioning to domestic funding integrated within national HIV, hepatitis and drug policy strategies, and health financing. Accordingly, the TSM supported the development of a global report entitled "*Towards Domestic Public Financing and Social Contracting for Harm Reduction*" to strengthen commitments and increase uptake in domestic public financing for harm reduction through social contracting mechanisms. A landscape analysis of domestic harm reduction financing was conducted in Indonesia, Kenya, Nepal, Nigeria, South Africa and Uganda. The analysis showed that there was a legal basis for social contracting in five of these countries, most often in the form of a Public Procurement Act, while Uganda reported an absence of any legal framework or mechanism for social contracting.

Regional and country dialogues were supported to advance the **capacity development of community-led responses**. This included a regional Asia and the Pacific dialogue that resulted in the establishment of a regional platform for sharing knowledge, innovations, best practices, lessons learned and promoting regional collaboration.

In Zimbabwe, support was provided to strengthen partnerships with NGOs, including self-help groups such as orphan caregivers and offer educational subsidies to vulnerable children.

Key stakeholder engagement

The TSM and its implementing partners maintain active and ongoing coordination with key stakeholders at the policy, project, collaboration-specific, global, regional and country levels.

Regarding internal stakeholders, TSM support for each technical support assignment is coordinated closely between the UCO, RST and Global Centre, together with the TSM implementing partners. This includes coordination on overall strategic, programmatic and operational issues. UNAIDS Global and Regional Thematic Leads and OPM Thematic Focal Points also engage closely on each assignment to provide thematic expertise. This collaboration includes support to the UCOs and countries on quality assurance, addressing challenges, sharing tools/guidance, planning and implementing technical support.

The TSM engages closely with the Global Fund through regular discussions in the Global Fund HIV Situation Room and the Joint Working Group (coordinated by WHO with the TSM and a wide range of partners to discuss Global Fund issues). These engagements ensure knowledge sharing on new developments, priorities and issues relating to technical support. These fora also allow for the TSM to share information on its support to Global Fund grants. The TSM also meets monthly with the Global Fund HIV team to coordinate, share information, and agree on joint priorities.

UNAIDS GTLs – who support the TSM – engage with Global Fund counterparts on specific thematic areas. For example, there is ongoing coordination on community issues with the Global Fund Community, Rights and Gender team, as well as engagement on equitable financing issues and ABC/M with the Global Fund Health Financing team and PEPFAR. UNAIDS GTLs also engage with WHO and the Global Fund to ensure coordination and alignment on technical assistance supporting NSPs, including updating and improving NSP guidance to reflect global equity, integration, and sustainability efforts.

The TSM also works closely with the Global Fund, Cosponsors, USAID and other technical assistance providers in organizing the TSM Strategic Learning Meetings/Technical Coordination Meetings, as noted in the following section.

The TSM coordinates its assignments and reviews **complementarity with other technical assistance providers**, including Expertise France, Germany's GIZ, WHO and the Global Fund. The TSM and Expertise France consultants have also implemented assignments on joint teams. At the country level, UCOs consult Global Fund Country Teams, US Government in-country, Cosponsors and national counterparts, including civil society representatives, on each TSM assignment. These partners are often also involved in the process, together with UCOs, to develop their annual technical support plans. The TSM, including GTLs, also participates in quarterly Global Fund Community Engagement Strategic Initiative Coordination meetings alongside other technical assistance providers and partners, including Expertise France and GIZ.

Biweekly meetings are held with the TSM, the Global Fund and technical assistance providers to coordinate technical support for GC7 support in Middle East and North Africa. The TSM and other technical assistance providers share GC7 funding requests and grant implementation trackers with each other. In addition, the TSM also participates, together with the Global Fund and other technical assistance providers, in a consolidated GC7 technical support tracker as well as a consolidated Community, Rights and Gender technical support tracker.

The TSM has enhanced its **collaboration with Cosponsors**. Technical support assignments are often implemented with Cosponsors, some are co-led with or entirely

led by Cosponsors, and many receive technical guidance from Cosponsors. Cosponsors also participate in the country-level annual TSM technical support plan process. The TSM also engages with Cosponsors at the Global Centre level to share updates about the TSM and to discuss the technical support they need. In addition, the TSM regularly shares the TSM GC7 funding request and grant making technical support tracker with the Joint Programme Community of Practice.

To support the quality of GC7 applications, the TSM worked with the Global Fund and Cosponsors such as the United Nations Population Fund (UNFPA) and WHO on GC7 mock TRPs. The TSM VSD conducted peer reviews of draft GC7 funding requests with Cosponsors. A rapid review of NSP-tailored funding requests and findings was shared with an informal interagency group (the Global Fund Secretariat, the TRP, TSM consultants and UNAIDS) and the WHO/UNAIDS Joint Working Group.

Regional GC7 preparation workshops were held for eastern and southern Africa, Middle East and North Africa and Asia and the Pacific, which allowed colleagues supporting the work of the TSM (TSM consultants, UCOs, RSTs, GTLs, the TSM team, OPM and Genesis) to engage closely with the Global Fund, other technical assistance providers like Expertise France, Cosponsors and national counterparts, including government and civil society.

TSM technical assistance through holding webinars and other learning events and developing relevant learning products directly engages Global Fund principal and sub-recipients.

The TSM also collaborates with **key population networks and civil society organisations**, which are sometimes the TSM technical support beneficiaries or sometimes the TSM implementing partners (such as the International Network of People who Use Drugs, the International Community of Women Living with HIV, and Global Network of People living with HIV) and contracted by the TSM to provide technical support to countries.

The TSM's engagement with USAID and other parts of the US Government is key. As noted above, the TSM liaises with the US Government regularly. Country-level engagement is particularly important, and the following are examples of how the TSM engages with the US Government in-country.

- ▶ UCOs consult the USAID mission on each TSM technical support assignment and often PEPFAR, Centers for Disease Control and Prevention (CDC) and the US Embassy are consulted as well. There are countries where USAID does not have a presence in-country or does not cover HIV or health in the country. In these cases, PEPFAR, CDC and/or the US Embassy are consulted.
- ▶ For GC7 funding request assignments, the TSM launches the assignment through a kick-off meeting to discuss the assignment with the UCO, consultants, GTLs and country partners, including government counterparts, PEPFAR and USAID mission, and the Global Fund's Fund Portfolio Manager.
- ▶ US Government colleagues in-country may serve as panellists for selecting the TSM consultant for a TSM technical support assignment. Panellists are usually at the country level and may include the UCO, government counterparts, civil society, international partners in-country such as the US Government and Cosponsors.
- ▶ Many UCOs hold briefing meetings and organize presentations for USAID missions to share information on the TSM technical support assignments in-country. Many UCOs also organize review meetings with all their partners to discuss UNAIDS' work in the country, including TSM assignments. Invitees include the USAID mission and other US Government colleagues in-country.
- ▶ TSM technical support assignments often directly reinforce and complement PEPFAR and CDC country-level programming, and there is therefore additional engagement at the country level with PEPFAR and CDC on these assignments.

Strategic learning and capacity development

Strategic learning and professional development ensure that national counterparts such as government and civil society, technical support consultants (for the TSM and other technical support providers), UCOs, RSTs and Global Centre staff supporting the TSM—with participation by collaborators including the Global Fund, Cosponsors and USAID—improve knowledge and skills in support of programme outcomes and national and global HIV goals. This is supported through webinars, meetings and mentoring that includes pairing emerging and senior consultants on technical support assignments, which strengthens localization of technical expertise.

Twenty-two peer learning webinars were conducted over the reporting period, with a combined attendance of 1025 TSM consultants and partners. Topics included:

- ▶ **Prioritization series:** Introduction to prioritization, prioritization in NSPs, prioritization in the Global Fund funding request process, and prioritizing community voices in Global Fund funding requests.
- ▶ **Human Rights and Gender series:** Stigma and discrimination, and law reform.
- ▶ **DSD Resource Pack Launch Series:** Introduction to country examples, HIV testing services, DSD approaches to treatment and care, advanced management of HIV disease, paediatric testing, paediatric treatment, treatment monitoring, Lighthouse Malawi approach to integrating management of AHD, and integration of coinfections and comorbidities.
- ▶ **Support to community track and NSP consultants:** NSP review for community consultants, peer review of NSPs.
- ▶ **Follow-up webinar:** Question and answer session for consultants attending the Global Fund workshops—separate for Anglophone and Francophone countries.
- ▶ **Virtual Interventions for HIV webinar:** What are HIV virtual interventions, and how can they be integrated into consultants' toolkits?
- ▶ **Global fund GC7 webinar:** Costing 'how to' sharing tools and tips—separate for Anglophone and Francophone countries.

As part of the USAID-UN Joint Programme–Global Fund Technical Coordination Meeting, the TSM held its third Strategic Learning Meeting in February 2023. The meeting included sharing lessons learned from previous Global Fund funding cycles, emphasizing translating learning to advance HIV prevention priorities in GC7 and multi-partner involvement.

The TSM also routinely produces learning products responsive to ad hoc needs identified at the country level. Topics include human rights and gender, DSD, social contracting, prioritization, HIV prevention checklist, GC7 lessons learned, indicative budgeting and NSP learning briefs.

The TSM has engaged with the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine in developing on-demand training on HIV programme M&E, which will be rolled out in 2024.

Challenges, solutions and lessons learned

Challenges resolved and lessons learned over this reporting period primarily relate to GC7 demand, expertise and data.

GC7 Demand

During the lead-up to GC7, there was a significant increase in requests for technical support. To address this challenge, the TSM initiated early reviews of regional and country technical assistance plans to proactively address the increased demand. RSTs and UCOs were engaged, and meetings were conducted with the Global Fund Secretariat in conjunction with developing the TSM GC7 tracking system shared with the Global Fund, other technical support providers and other partners, including USAID. Importantly, the TSM VSD was activated, with expertise enhanced through retainer contracts for additional thematic experts. The TSM increased the number of full-time operations positions to address the anticipated surge in demand.

While it was challenging for countries to ensure the required building blocks were in place for preparing funding requests, early contact with RSTs and UCOs, in conjunction with preparatory workshops in Asia and the Pacific, eastern and southern Africa and Middle East and North Africa and sharing pre-filled templates for the TSM technical support request forms, facilitated timely submissions. RSTs and UCOs also identified potential consultants for support.

There was a need to stimulate demand for technical support in particular priority areas, including HIV prevention, engagement of key populations, integrated services and equitable financing. This was addressed through national engagement with UNAIDS teams and country partners, the development of tools and checklists, and the professional development initiatives the TSM organized for consultants.

Demand for technical support accelerated once the submission processes for GC7 Windows were underway. The VSD provided vital support, including mentoring some GC7 funding request team members and identifying senior consultants who could provide support on demand. The peer review process ensured gaps in draft NSPs or GC7 funding requests were identified and addressed before submission of the funding request to the Global Fund.

The TSM and TRP assessments of some country funding request submissions indicated inadequate alignment with guidance, including presenting prevention cascades, improving equity and incorporating RSSH components. The TSM VSD team prepared a lessons learned report soon after Window 1 closed, to address potential gaps. This report and a subsequent TRP report provided relevant guidance to consultants and country teams developing Windows 2 and 3 funding requests. While the funding request guidance from the Global Fund and partners was comprehensive, Global Fund documents were lengthy, and the budget template was complex to implement. The TSM is putting together a comprehensive lessons learned report and will engage with UNAIDS teams, Cosponsors and the Global Fund through workshops and other fora to share insights into ways to streamline future funding request guidance.

Technical Support Expertise

The TSM is committed to expanding its pool of emerging national consultants and technical specialists by building its skills base with less seasoned but high potential consultants and encouraging countries to consider opportunities for them. Approaches include working across different networks to identify national consultants with potential, sharing information with other technical assistance providers, providing training and mentoring through the TSM's Emerging Consultants Initiative, and working with civil society capacity development partners.

The TSM consultants have benefitted from the TSM webinars, peer-to-peer learning sessions and interactive approaches, including group work, plenary discussions, Mentimeter quizzes and Jamboard sessions. The TSM's database is being strengthened to improve ways of filtering the most appropriate consultants for assignments, including thematic expertise, geographies and levels of expertise.

Gaps have been identified among consultants and country stakeholders regarding knowledge of new technologies for prevention and treatment. The TSM, GTLs and OPM are engaging with various HIV stakeholders—including Cosponsors and Global Fund technical teams—to develop various learning materials and up-to-date technical information in multiple formats for consultants and other stakeholders. The TSM currently has no dedicated website to house the information but is developing a suitable online knowledge management platform for accessing resource materials, which will be rolled out in 2024.

The way forward

Forthcoming technical assistance will respond to the demands from countries as they move from GC7 funding request development to grant implementation. The TSM anticipates receiving requests to support principal recipients, sub-recipients, and sub-sub recipients, to fully utilize funds from the previous grant cycle and support the efficient, timely and robust implementation of GC7 grants. Efforts will be made to engage countries to identify the need for such support. Support will continue to be provided for GC7 funding requests for Window 4.

In the context of limited funds, countries will be supported in prioritizing their Technical Support Plans to ensure that appropriate technical assistance is requested. This will be addressed through discussions with RSTs and UCOs and related engagement and by engaging with the Global Fund Secretariat, Country Teams and other technical assistance providers regarding grant implementation support needs. Emphasis will also be given to sustainability planning.

The TSM will follow up on essential HIV programme interventions that were underfunded in some GC7 funding requests to explore how countries can leverage additional funds to implement programmes in these key areas. This includes enhancing the implementation of remaining funds from the previous Grant Cycle.

The TSM will focus on advancing the HIV prevention agenda, including addressing policies and supporting the implementation of programmes that address structural barriers and contribute to transforming responses focused on adolescent girls and young women, and key populations. There are opportunities to promote emerging technologies while also accelerating access to HIV treatment.

During NSP review and GC7 funding request processes, data gaps were highlighted by the TRP. The TSM will support revising and finalizing NSPs and, where needed, will support operational plans for NSP and grant implementation. Support will also be provided to community organisations to collect and use more granular data. Community-led responses, including CLM, require expansion, support through political leverage and increased funding for people living with HIV and key population-led networks.

The TSM will assess, identify and use evidence on CLM to update policies, laws and programmes to contribute to the removal of barriers to access to HIV prevention, care and treatment services among key and underserved population groups.

Attention will remain focused on HIV financing, including aligning donor and domestic resources, identifying and addressing funding gaps, improving programmatic and system efficiency, and developing sustainable financing plans to ensure sustained, equitable national AIDS response impact.

In the forthcoming TSM Statement of Work, the approach to LMF will shift beyond the emphasis on improving enabling environments, focusing more specifically on generating demand for technical support to improve the functioning and implementation of GC7 grants and ensure country-level impact. This approach is integrated with the TAF as it will directly lead to generating more TAF demand in the key areas where there is insufficient TAF demand and where countries need to accelerate their implementation—including for HIV prevention for key and vulnerable

populations, community-led responses and community-led monitoring, human rights and gender concerns including for policy and legal reform, and equitable financing.

Regular coordination meetings will continue with different Global Fund Secretariat teams to maximize technical support complementarity across the Global Fund and UNAIDS. This will ensure the TSM-managed technical support adds even more value to Global Fund grant implementation in the forthcoming period.

The TSM will continue to engage with emerging challenges and gaps, drawing together good practices and lessons learned to address the urgent needs for the HIV response, including ensuring that countries meet the 95–95–95 and other targets for 2025 and sustaining achievement of targets through 2030.

Lessons derived from TSM's Strategic Learning Meetings will be documented and shared, as will lessons from engagements with TSM stakeholders, including the Global Fund and USAID, TSM internal strategic learning meetings, meetings with consultants and peer-to-peer learning sessions.

Conclusion

Supporting efficiency and excellence in the HIV response

Since the TSM was established in 2018, it has provided high-quality technical support to address gaps and improve efficiencies in global, regional and national HIV responses by directly supporting the development of Global Fund funding requests and implementing Global Fund grants.

In this reporting period, the TSM contributed to funding requests totalling US\$ 5.9 billion, ensuring in a very short timeframe that funding request development processes were efficient and of a high standard. This is evidenced by the success rate of the grants supported directly by consultant teams in conjunction with implementing the innovative VSD mechanism.

The TSM continues to support diverse needs through an adaptable and rapid response approach that delivers expertise when and where it is needed through consultants who are mainly from the regions and countries where the support is delivered. The TSM continues to expand this resource base by identifying and developing national emerging consultants' capacities.

The TSM will continue to respond to the emerging needs of the HIV response, notably supporting the urgent focus needed to deliver on the global targets for 2025 and beyond.

UNAIDS is grateful for the vital contribution of the United States Government to ensure the efficient and impactful delivery of the TSM's high quality technical support.

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