UNAIDS Technical Support Mechanism

Annual report 2019–2020

Contents

Executive summary

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This annual report summarises UNAIDS achievements through the Technical Support Mechanism (TSM) for the October 2019—September 2020 reporting period. It highlights the provision of high-quality technical support to enable countries to respond effectively to the HIV epidemic as a key aspect of UNAIDS ability to deliver on its strategic vision encapsulated in the Fast-Track commitments and targets.

Established as a centrally managed, country-driven mechanism through UNAIDS in 2018, the TSM provides high-quality technical support to countries to strengthen Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) programmes, and coordinates and aligns with the work of PEPFAR.

The collaboration between UNAIDS and the Global Fund extends over the past two decades. It mobilizes synergies through the UNAIDS' capacity to provide data, inform global, regional and country-level strategies, highlight gaps and identify populations that are underserved or left behind in the HIV response. TSM's work is funded through a United States Agency for International Development (USAID) agreement. United States Government resources are used to effectively target technical support for policy and programmatic challenges in priority countries.

The TSM delivers on three core result areas: 1. harnessing data to accelerate policy and programme implementation in priority areas; 2. accelerating effective and efficient implementation to close gaps; and 3. efficiency and HIV response financing.

Despite the disruptions caused by the COVID-19 pandemic, the TSM maintained its service provision in 2020 and stayed on-track in all three results areas. This was done through rapid adaptation of planning and work methods, and through following mitigation steps to ensure that technical support needs were met even when demand exceeded initial expectations. Where appropriate, some adjustments are being standardized as part of TSM operations, and lessons and good practices are being shared across the regions and countries served by the TSM.

Key results

The TSM results show wide-ranging outcomes across all results areas that contribute meaningfully towards the global Fast-Track targets.

▸ **Reach across countries and regions has been extensive, with 172 new technical assistance requests undertaken in 62 countries in the three regions most affected by HIV:** Asia and the Pacific, western and central Africa and eastern and southern Africa.

▸ Over the reporting period, most of the TSMs work involved support to the building blocks that culminated in robust Global Fund funding applications. Through support to Window 1 and 2 Global Fund funding applications, the **TSM contributed to raising a combined total of US$ 5.66 billion across 38 countries for HIV and tuberculosis (TB) response.**

▸ **Sound strategic planning and target setting was achieved through TSM's support in 28 countries. Granular data on implementation gaps, policies, inequities, barriers and bottlenecks was obtained through 49 completed assignments.** Even

greater demand than expected came from countries to complete National Strategic Plans (NSPs), develop well informed costed workplans and conduct gap analyses to support Global Fund applications. Additional countries also received support to mobilize funding for community-led responses as part of NSP and funding applications.

▸ **Support across countries was delivered by more than 400 consultants, around half of whom provided support in their home countries**, reflecting the TSM's commitment to fostering diverse strengths and investing in national talent and ownership of the HIV response.

▸ **The TSM is on track to meet Year 1 indicator targets in all priority results areas** under the new multi-year results framework (MRF). Against an annual target of 564 result indicators, the TSM and Last Mile First teams had completed 216 assignments, and a further 291 assignments were ongoing within the first six months.

▸ **The Stigma Index 2.0 was initiated in 28 countries**, including 11 in eastern and southern Africa and nine in western and central Africa.

▸ **A fully functioning regional hub has been established to enable coordination of civil society organizations (CSOs) activities in western and central Africa.** To date, the initiative has brought together 34 CSOs in 16 countries.

▸ Strengthening and supporting **the sustainability and scale-up of community-led monitoring is underway in six of 15 PEPFAR and Global Fund-supported countries.**

▸ **Support is provided for the implementation phase of the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination** at global, regional and country levels. This work includes establishing national working groups in 18 countries that clarify priority interventions.

▸ **Five countries conducted gender assessments that provided insights for strategies to address gender-related barriers and inequalities** to shape effective programmes, and five country networks of women living with HIV have been engaged in in the World Health Organization's (WHO) elimination of mother-to-child transmission and syphilis validation process.

▸ Diverse support has been provided **to mobilize domestic resources and implement strategies that promote efficiency towards epidemic control** to attain long-term sustainability, including ensuring coverage for key populations.

▸ An independent evaluation found that the **TSM has made important contributions to equity** through assignments that addressed the needs and circumstances of harder-to-reach and marginalized groups in countries where Fast-Track targets were not being met, by providing rapid and nimble professional support.

The strong collaboration with Global Fund teams, PEPFAR and partners demonstrates the increasing coherence and alignment of technical assistance utilization with grant needs. It also shows the increased harmonization of approaches in key areas such as strategic information, HIV prevention, human rights and gender, and efficiency and sustainability.

UNAIDS is grateful for the United States Government's ongoing support for this crucial work. The TSM offers valuable opportunities to explore and support sustainable solutions for countries that build on the example of achievements made thus far.

Introduction

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UNAIDS leads the global AIDS response by providing strategic direction, coordination, innovation, technical support and advocacy to catalyse and connect leadership at multiple levels. This includes providing authoritative and up-to-date strategic information on HIV that is vital for guiding response, measuring progress and contributing to life-saving strategies.

To accelerate the global response, the core approaches for HIV prevention, treatment, care and support were consolidated in 2016 through the United Nations (UN) General Assembly Political Declaration on Ending AIDS, which committed Member States to ending the AIDS epidemic as a public health threat by 2030. This included an emphasis on achieving the 90–90–90 targets by 2020: 90% of all people living with HIV know their status, 90% of people who know their HIV-positive status are accessing treatment and 90% of people on treatment have suppressed viral loads.

Other commitments included ensuring that children living with HIV receive treatment, that combination HIV prevention options reach vulnerable and key populations, that gender inequality and violence against women are eliminated and that the HIV-related needs of young people are addressed. There were also commitments to ensure that people living with or affected by HIV can access social protection, that community-led service delivery is increased, that funding commitments for HIV programmes are increased, that HIV-related human rights are preserved, and that Universal Health Coverage (UHC) is expanded.

An estimated 38 million people were living with HIV globally at the end of 2019, 54% of whom were in eastern and southern Africa, 13% in western and central Africa, and 15% in Asia and the Pacific. In sub-Saharan Africa, adolescent girls and young women account for 25% of all new infections yet comprise only 10% of the population. Key populations including sex workers, gay men and men who have sex with men, people who use drugs and their sexual partners comprise a large proportion of new HIV infections in this region, especially in western and central Africa, where over two thirds of new infections fall into this category. The vast majority of new HIV infections occur among key populations beyond sub-Saharan Africa. Stigma and discrimination towards people living with HIV and people in key populations remains a challenge. In 25 of 36 countries with recent data, more than 50% of people aged 15 to 49 years reported having discriminatory attitudes towards people living with HIV.

By the end of 2019, 81% of people living with HIV globally were aware of their HIV status, 67% were on antiretroviral therapy (ART) and 59% had suppressed viral loads. Over the 2010–2019 period, annual new HIV infections declined by 23% and AIDS-related deaths declined by 39% *(1)*. Yet only 14 countries have achieved the 2020 targets for viral suppression, and the global burden of new infections from 2015 to 2020 amounts to 3.5 million more people living with HIV than if the targets had been met. Excess mortality due to missed targets is estimated at 820 000 over the same period. Results against other targets and commitments are mixed.

Although sustained retention on ART leads to viral load suppression (and thus treatment as prevention), preventing new HIV infections through behavioural, biomedical and structural approaches represent a vital foundation of response. Around 1.7 million new HIV infections occur each year, and HIV prevention programmes remain under-resourced and insufficiently scaled-up.

Technical support

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Global guidance aims to bring the HIV response to scale by ensuring that: 1. HIV policies, strategies, priorities and targets align across countries; 2. coordination and resource management are efficient; 3. good practices and innovations are shared; and 4. gaps and blockages are overcome. Technical support offers practical and systematic processes that are catalytic in helping to focus and adapt responses to achieve the greatest impacts. This includes sharing expertise and undertaking capacity-building to consolidate knowledge and learning.

UNAIDS Technical Support Mechanism

The TSM was established in May 2018 to focus on implementing the global Fast-Track strategy and to support countries to fully leverage the United States Government PEPFAR initiative, and Global Fund investments for optimal impact. This consolidated and integrated approach aligns with UNAIDS policies and quality assurance mechanisms.

PEPFAR represents the largest national commitment to the global HIV epidemic by any nation, with more than US$ 85 billion dedicated to the response to date, contributing to millions of lives saved in more than 50 countries (2). Resources for addressing three major health threats, including AIDS, are also available to countries through Global Fund, which invests around US$ 4 billion annually.

Rise clubs are helping adolescent girls and young women start conversations about HIV and sexual and reproductive health and rights. Khayelitsha, Cape Town, South Africa, November 2018. Credit: UNAIDS/D. Senior.

The UNAIDS TSM is a centrally managed, country-driven mechanism that provides high-quality technical support to countries. TSM's work is funded through a United States Agency for International Development (USAID) agreement, with United States Government resources targeting technical support to address policy and programmatic challenges in priority countries.

UNAIDS prioritizes TSM support to assist countries at all stages of the Global Fund grant cycle to accelerate progress made towards the Fast Track Targets, with an emphasis on reaching key populations and those underserved by the HIV response. The funding cycle includes opportunities to apply for funding during funding windows for grant implementation over a 3-year period. Through this process, TSM provides an essential bridge between the development and use of quality strategic information, applications for funding and implementing large-scale grants.

Technical support to mobilize strategic knowledge and funding resources is grounded in UNAIDS' relationship with the Global Fund, PEPFAR and other key partners. In parallel, UNAIDS and the United States Government have intensified their support to countries and geographical regions most affected by HIV, capitalizing on strategic partnerships with other UN agencies.

UNAIDS has contracted Oxford Policy Management (OPM) to operationalize the TSM model through an integrated approach whereby UNAIDS provide overall technical leadership. The operational framework utilizes strategic information, builds sustainable country responses and increases both equity and impact of responses by drawing on UNAIDS areas of comparative advantage, including data resources, strategic and policy guidance and well-established trust relationships with country governments and stakeholders.

A series of new technical support collaborations were added to the TSM in 2020. These collaborations align with the Global Fund's human rights-focused Breaking Down Barriers initiative and PEPFAR's programmatic and Country Operational Plan (COP) resources for stigma and discrimination. Entitled "Last Mile First", the initiative sets out to meet the needs of people who are left behind in the HIV response and to increase demand for rights-focused responses, as these tend to be insufficiently prioritized. The "Last Mile First" initiative strengthens country capacities and resources by mobilizing data, reducing stigma and discrimination and maximizing civil society involvement and community-led response.
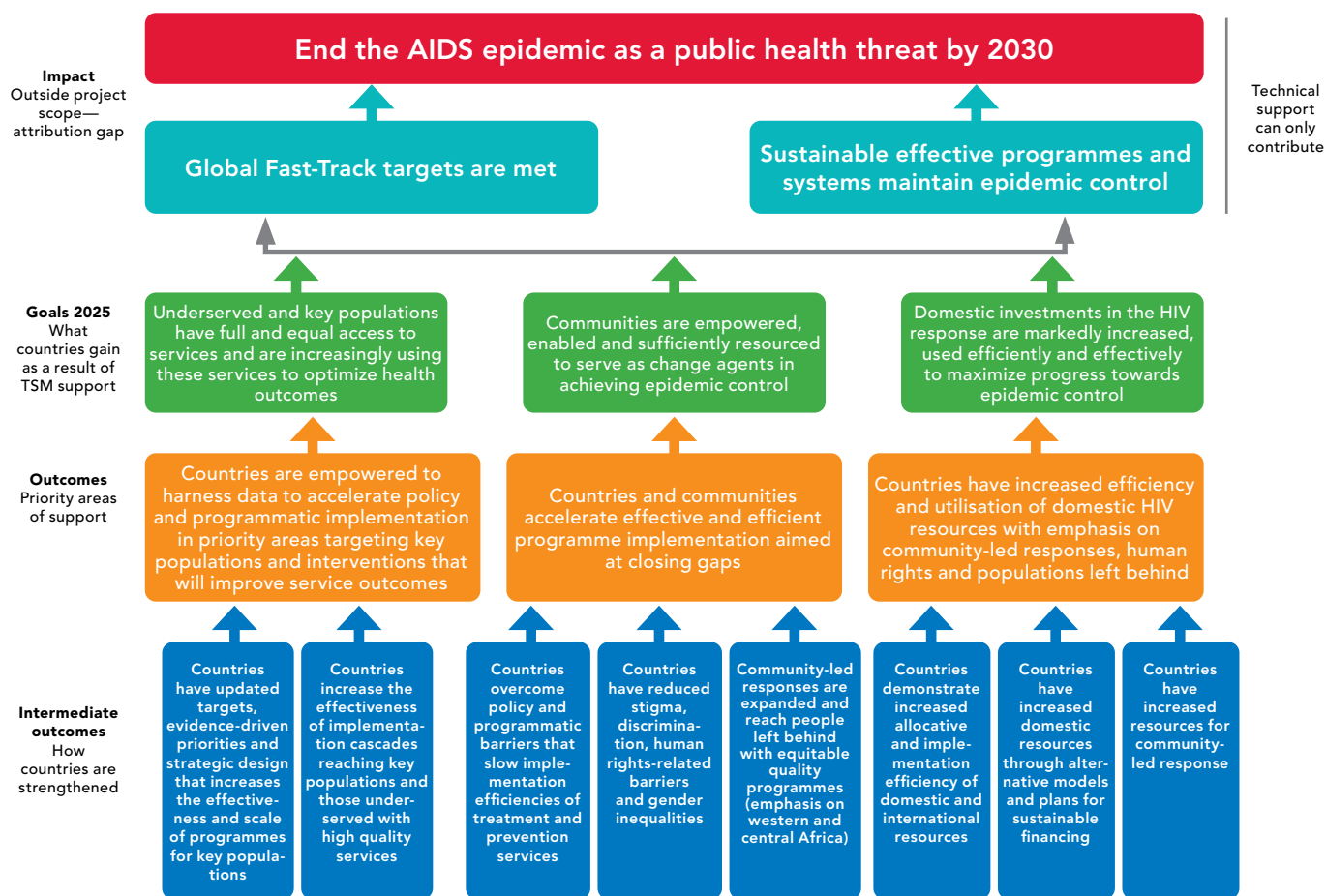
Since its inception, the TSM has provided support in more than 60 countries globally, with most technical support being delivered in sub-Saharan Africa and Asia and the Pacific. Focal countries overlap with PEPFAR priority countries.

Technical Support Mechanism results framework

The TSM has made notable progress towards achieving its objectives during the reporting period or this fiscal year. The strong results compared to the intermediate outcomes and priorities shows that TSM is on track to meet its goals.

Figure 1 provides an overview of the TSM multiyear results framework 2020–2022. Intermediate outcomes describe the various categories of country strengthening that lead to three higher-level outcomes: 1. increased utilization of data-driven results to accelerate policy and programmatic implementation in priority areas; 2. accelerated effective and efficient programme implementation by countries and communities to close gaps; and 3. maximized efficiency and utilization of domestic HIV resources by countries. These outcomes, in turn, lead to goals that improve access to services among underserved and key populations, community empowerment through their roles as change agents and increased domestic investment. At the impact level, technical support contributes to meeting the global Fast-Track targets and to sustainable and effective programmes and systems that contribute to the 2030 global goal to end the AIDS epidemic as a public health threat.

Impact
Outside project scope—attribution gap

End the AIDS epidemic as a public health threat by 2030

Technical support can only contribute

Global Fast-Track targets are met

Sustainable effective programmes and systems maintain epidemic control

Goals 2025
What countries gain as a result of TSM support

Underserved and key populations have full and equal access to services and are increasingly using these services to optimize health outcomes

Communities are empowered, enabled and sufficiently resourced to serve as change agents in achieving epidemic control

Domestic investments in the HIV response are markedly increased, used efficiently and effectively to maximize progress towards epidemic control

Outcomes
Priority areas of support

Countries are empowered to harness data to accelerate policy and programmatic implementation in priority areas targeting key populations and interventions that will improve service outcomes

Countries and communities accelerate effective and efficient programme implementation aimed at closing gaps

Countries have increased efficiency and utilisation of domestic HIV resources with emphasis on community-led responses, human rights and populations left behind

Intermediate outcomes
How countries are strengthened

Countries have updated targets, evidence-driven priorities and strategic design that increases the effectiveness and scale of programmes for key populations

Countries increase the effectiveness of implementation cascades reaching key populations and those underserved with high quality services

Countries overcome policy and programmatic barriers that slow implementation efficiencies of treatment and prevention services

Countries have reduced stigma, discrimination, human rights-related barriers and gender inequalities

Community-led responses are expanded and reach people left behind with equitable quality programmes (emphasis on western and central Africa)

Countries demonstrate increased allocative and implementation efficiency of domestic and international resources

Countries have increased domestic resources through alternative models and plans for sustainable financing

Countries have increased resources for community-led response

Result areas

The TSM's result areas include mobilizing data, accelerating implementation and improving efficiency of financing for the response.

Result area 1: Harnessing data to accelerate policy and programme implementation in priority areas

Reliable and timely data is vital for effective policies and programming. Analysis of data from surveys, routine monitoring and other research provides vital guidance for prioritizing and improving policies and strategies for scale-up of HIV response. While countries undertake their own analyses, the TSM provides additional insights to improve capacity to meet targets.

This result area is delivered through UNAIDS and OPM and involves: (a) epidemiological and programme syntheses; (b) cascade analyses; (c) mapping of underserved populations; (d) facility-level expenditure studies and National AIDS Spending Assessments.

The support identifies and analyses mismatches and gaps between needs, priorities and responses to provide a clear evidence base for decision-making. Outputs include epidemiological and programmatic syntheses such as integrated biological

and behavioural surveys (IBBS); cascade, gap and bottleneck analyses; mapping of populations and programmes to improve alignment and efficiency; and expenditure analysis.

Result area 2: Accelerating effective and efficient implementation to close gaps

To accelerate effective and efficient implementation to close gaps, this result area harnesses the complementary capacities of UNAIDS, OPM and "Last Mile First" collaborating organizations that provide technical assistance for the various subcomponents.[1]

The support enhances grant implementation in the areas of policy, regulation, service packages, differentiated service delivery models and guidelines to accelerate service uptake of targeted prevention, HIV testing, treatment and care. Focused technical support through UNAIDS and OPM helps ensure that Global Fund and other funding applications catalyse responses in gap areas and address bottlenecks that hinder achievement of the Fast-Track targets. This includes reaching key populations and other people left behind through innovative and sustainable approaches at national and subnational levels.

Inequalities, especially those related to human rights, remains central challenges to the HIV response. The "Last Mile First" initiative focuses on reducing stigma and discrimination, human rights-related barriers and gender inequalities. It places strong emphasis on the involvement and leadership of most affected and impacted communities and focuses on supporting and extending community-led responses. It also helps build the capacities of networks of people living with HIV to implement the Stigma Index 2.0, map legal and policy barriers, undertake gender assessments and share findings about hindrances and remedies. There is an emphasis on strengthening the capacity, integration, role and sustainability of community-led systems as central components of national and regional responses to HIV, particularly in western and central Africa. The support is linked to the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination with the United Nations Development Programme (UNDP), UN Women, the Global Fund and GNP+.

Last Mile First

The "Last Mile First" has several subcomponents.

▸ The People Living with HIV Stigma Index 2.0 is being implemented through UNAIDS by the GNP+, Johns Hopkins University (JHU) and International Community of Women Living with HIV (ICW) in partnership with national networks of people living with HIV. The Stigma Index 2.0 allows for monitoring stigma and discrimination to clarify progress and compare developments in countries while supporting the UNAIDS goal of zero stigma in the HIV response. The Index is a data source for UNAIDS Global AIDS Monitoring reporting and the Global Fund HIV modular framework. The findings of the Stigma Index 2.0 also directly inform PEPFAR COPs and Global Fund grants.

▸ UNAIDS and ICW are collaborating to ensure that networks of women living with HIV are engaged in and supported to lead implementation of the Stigma Index 2.0, in WHO-led processes for the validation of the elimination of vertical transmission of HIV, and in efforts to eliminate the coerced sterilization of women living with HIV.

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1 These organizations are the Global Network of People Living with HIV (GNP+), Johns Hopkins Bloomberg School of Public Health (JHU), the International Community of Women Living with HIV (ICW), the International Treatment Preparedness Coalition (ITPC) and the Civil Society Institute for Health and HIV in West and Central Africa (CSIH-WCA).

- UNAIDS is collaborating with the International Treatment Preparedness Coalition (ITPC) to produce a global guide for communities on community-led monitoring to improve access to quality of HIV prevention, care and treatment services, using a human rights framework and providing community-led monitoring technical support for CSOs among other TA providers.

- To strengthen the capacity, integration, role and sustainability of community-led systems as central components of national and regional HIV responses to HIV, UNAIDS is collaborating with Civil Society Institute for Health and HIV in West and Central Africa (CSIH-WCA). This work focuses on and brings together community actors across 16 western and central African countries.

- The removal of human rights and gender barriers is being addressed through securing effective utilization of Global Fund matching funds grants in eligible countries in conjunction with supporting the implementation of PEPFAR human rights initiatives. This component includes support to the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination and includes implementation of human rights action plans to address stigma and discrimination with technical support through human rights and gender consultants and is implemented by GNP+.

Result area 3: Efficiency and HIV response financing

The Global Fund, PEPFAR, governments and other donors continue to provide much-needed resources to the HIV response. This technical support enables country-owned strategies, including stakeholder-supported National Strategic Plans (NSPs), and mobilizes domestic resources for strategies that promote efficient epidemic control for long-term sustainability. Support focuses on accountability and includes allocative implementation efficiency analyses and investment scenario modelling in conjunction with capacity development. This supports countries to develop transition and sustainability plans.

Technical support in this area is principally delivered through the UNAIDS/OPM collaboration, in coordination with the Joint Working Group. It includes a focus on the scale-up of equitable rights-based and people-centred approaches, assisting countries to lay the groundwork for sustainability by: 1. prioritizing effective and cost-effective interventions; 2. improving implementation efficiency; and 3. strengthening national programme management systems, policies and capacities.

Mobilizing technical support

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Implementation of TSM assignments involves communication among government representatives, national organizations and experts, consultant teams, UNAIDS country and national leads, and OPM leads. Technical support to countries is typically provided through a mix of senior, mid-level and emerging consultants, an approach that allows for an efficient combination of external and local expertise and building capabilities in-country. The TSM also includes members of affected communities and their organizations as technical support providers to harness their important contributions and build their capacities. These approaches have promoted national ownership of responses and improved the efficiency and impact of many assignments.

Figure 2.
Steps in the Technical Assistance Fund process

The Technical Assistance Fund process

1 Planning
- Technical assistance needs are identified with national stakeholders, prioritized and proposed for inclusion in country Virtual Technical Support Plan
- A consolidated regional Virtual Technical Support Plan is approved and semi-annual Technical Assistance Fund budgetary allocations are assigned

2 Technical Assistance design
- Technical Assistance is designed in consultation with national stakeholders
- The Technical Assistance Fund form is completed, endorsed by national stakeholders and shared with the regional support team

3 Technical review and Quality Assurance
- The regional support team reviews for eligibility and then forwards to the headquarters Technical Support Mechanism team. The Technical Support Mechanism team shares with the global thematic leads for final technical review and with Oxford Policy Management for processing
- Quality assurance measures are identified and focal point(s) are designated to accompany implementation

4 Team selection
- After the Technical Assistance Fund form is agreed, a shortlist of pre-screened consultants is identified by Oxford Policy Management and shared with the UNAIDS country office
- Consultant(s) are selected at country-level, contracted and prepared for assignment

5 Implementation
- Implementation begins, and performance is closely monitored and controlled against planned milestones and deliverables
- Quality assurance measures implemented by UNAIDS country offices, UNAIDS thematic leads, and Oxford Policy Management

6 Completion and learning
- Follow-up is conducted at country-level to leverage outputs of the assignment
- Feedback solicited by Oxford Policy Management to inform the evaluation of the assignment. Learning informs good practices and new assignments.

Country partners, including government ministries, national AIDS authorities, CSOs, networks and stakeholders representing vulnerable and key populations, set priorities and determine technical support focal areas and needs. UNAIDS country offices and regional advisers work with countries to develop technical support plans through a managed demand process. This helps countries to ensure sound technical approaches and prioritization of support to areas where technical support resources will have the most impact on achieving Fast-Track targets, in addition to ensuring that support is delivered in timely, strategic and well-coordinated ways. The overall process builds partnerships to amplify the impact of results-driven technical support.

The TSM's global consultant pool comprises over 1,500 pre-screened consultants with expert skills in priority areas of HIV, TB and health system responses. Response to country requests for assistance include a consultant shortlisting process, with country stakeholders making the selections. The consultant pool is refreshed on a continuous basis to meet evolving needs, add new talent and expertise, and reflect performances on previous assignments to ensure high quality across technical areas, familiarity and experience with country contexts, and capacity to work in different languages to suit country needs.

In the context of COVID-19, in-country consultants have provided a valuable cornerstone in conjunction with virtual support from senior consultants located elsewhere (and unable to work in-country due to pandemic restrictions) in some instances. This has ensured successful outcomes, including for complex assignments, such as lead consultant roles in Global Fund funding applications, which are wide in scope, technically challenging and require extensive stakeholder engagement.

More systematic teaming of senior consultants with local counterparts and consultants to cover the full range of assignment functions has expanded the roles and responsibilities of in-country resources. In addition, the TSM has intensified its support to planning, implementation, monitoring and peer review of assignments. This has helped ensure effective communication, coordination and consultation despite remote working.

Requests for technical support are submitted by country stakeholders through the UNAIDS regional support teams and country offices to the TSM through a Virtual Technical Support Plan (VTSP). The TSM then works with countries to refine the scope of work, matches the request to experts from its pre-qualified pool and undertakes logistic arrangements for the assignment. Often within days of submitting the request, countries welcome one or more technical experts who work closely with country stakeholders and UNAIDS country staff to deliver solutions. Quality assurance is provided through UNAIDS country offices, UNAIDS thematic leads and OPM. Following completion of the assignment, lessons learned are documented and consolidated to inform good practices and new assignments.

Em Ra, right, getting her medical file before discussing multimonth dispensing of antiretroviral medicine in Phnom Penh, Cambodia, November 2020. Credit: UNAIDS.

Results

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The TSM delivers results that support countries to achieving the Fast-Track targets and reach epidemic control through effective and sustainable programmes and systems. Along the three results areas, the TSM sets out to:

▸ Fully leverage strategic information to target and adapt programmes to maximize return on Global Fund investments and enhance the efficiency of Global Fund grants and implementation, as well as foster domestic investments in HIV programmes.

▸ Close gaps and overcome policy and programmatic barriers that slow progress towards the Fast-Track targets.

▸ Support countries to harness data that focuses and accelerates HIV responses in priority areas, especially interventions that will improve outcomes for underserved and key populations.

▸ Intensify focused advocacy and technical support to strengthen political leadership and support community-led responses, including to address and monitor stigma and discrimination.

▸ Empower communities by increasing legal literacy and establishing mechanisms to address human rights abuses.

▸ Support scale-up and sustainability of key population networks, community-led responses and community monitoring frameworks in line with the mandate of PEPFAR COPs 2020.

Summary of results

The TSM results show wide-ranging, positive impact across all TSM and "Last Mile First" results areas which contribute actively towards the global Fast-Track targets.

Geographic reach has been extensive, **with 172 new technical assistance requests undertaken in 62 countries in the three regions** most affected by HIV: Asia and the Pacific, western and central Africa and eastern and southern Africa. More than 80% of countries in these regions were beneficiaries of multiple assignments over the period. Figure 3 illustrates the TSM's global reach in the three priority regions and in other Fast-Track countries.

The TSM has played a central role in supporting multiple stages of the Global Fund grant cycle to accelerate progress towards epidemic control, thereby raising significant resources for country programmes.

Through support to Window 1 and 2 Global Fund funding applications, the TSM contributed to raising a combined total of **US$ 5.66 billion across 38 countries** for HIV and TB response. Technical support to funding applications was reinforced through a rigorous peer review of priority country funding requests by regional and theme-specific joint teams comprising UNAIDS thematic leads, TSM focal points and external consultants.

Figure 3.
Technical Support Mechanism regional and country reach, October 2019 to September 2020

These successful grants are underpinned by preceding technical support to the building blocks for successful Global Fund applications, including policy reviews and development (particularly NSPs), as well as analysis of epidemiological data and strategic information and alignment of policies and strategies with the Fast-Track targets.

Other supportive processes included conducting modelling analyses, investment cases, National AIDS Spending Assessments, costing and target setting. Integrated Biological and Behavioural Surveys (IBBS) informed understandings of key populations, including size estimates and geographical locales, while gender assessments and other analyses clarified prioritization of key and vulnerable populations. Impact assessments informed access to commodities for prevention programmes, and the "Last Mile First" initiatives clarified the role of CSOs and communities. Experiences emerging from COVID-19 responses contributed to understanding of the potential for innovative practices.

The Global Fund Technical Review Panel (TRP) responses to TSM-supported funding applications praised the quality of epidemiological analyses and use of data, well-considered responses to human rights and gender barriers, and attention to key and vulnerable populations. The introduction of positive new strategic thrusts and innovations as well as strengthened geographical and key population targeting and programming were also appreciated.

Support was delivered by 406 consultants, 204 of whom were based outside assignment countries and 202 of whom provided support in their home countries. In addition to strengthening and diversifying the consultant base, the TSM has included a capacity-building process whereby senior consultants, often working remotely, are twinned with local consultants to share tasks efficiently, contributing diverse strengths and investing in national talent and ownership of the HIV response.

Figure 4.

Number of new assignments requested by main thematic area, 1 October 2019–30 September 2020
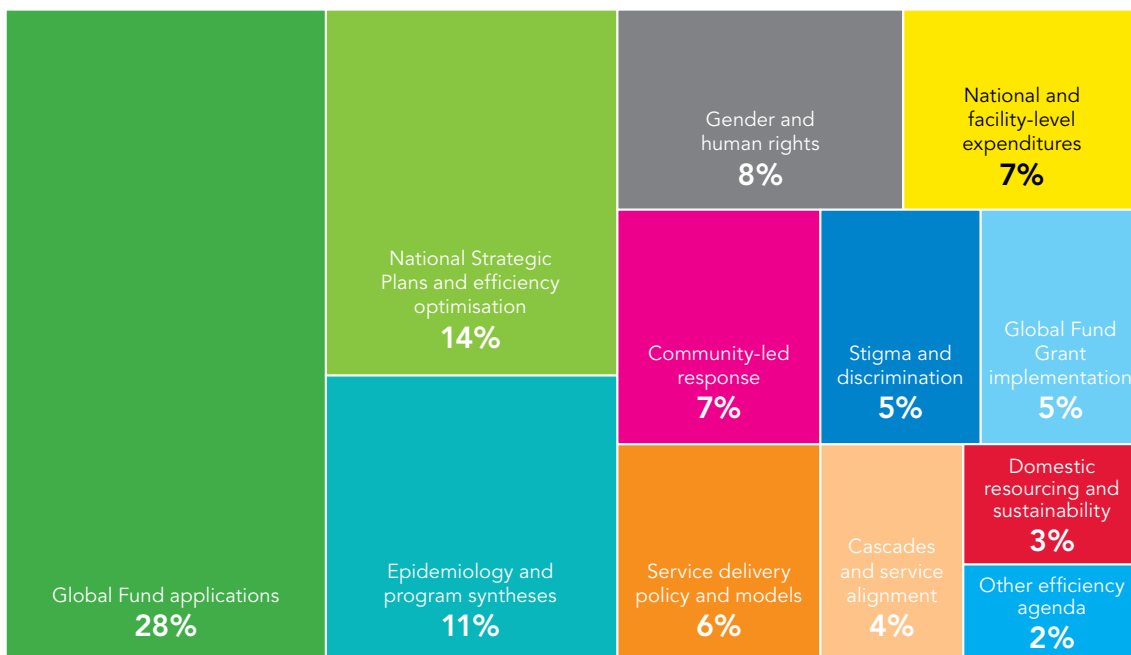

Figure 4 shows the breakdown of new assignments (by thematic area) requested during the reporting period. Global Fund applications and NSPs and efficiency optimization accounted for 42% of demand, highlighting the vital importance of the TSM in responding to the Global Fund funding cycle.

The TSM is on-track to meet Year 1 indicator targets in all priority results areas under the new MRF. Figure 5 illustrates completed and ongoing assignments during April–September 2020.

Figure 5.

Six-month progress in priority outcome areas against the new Multiyear Results Framework Year 1 targets
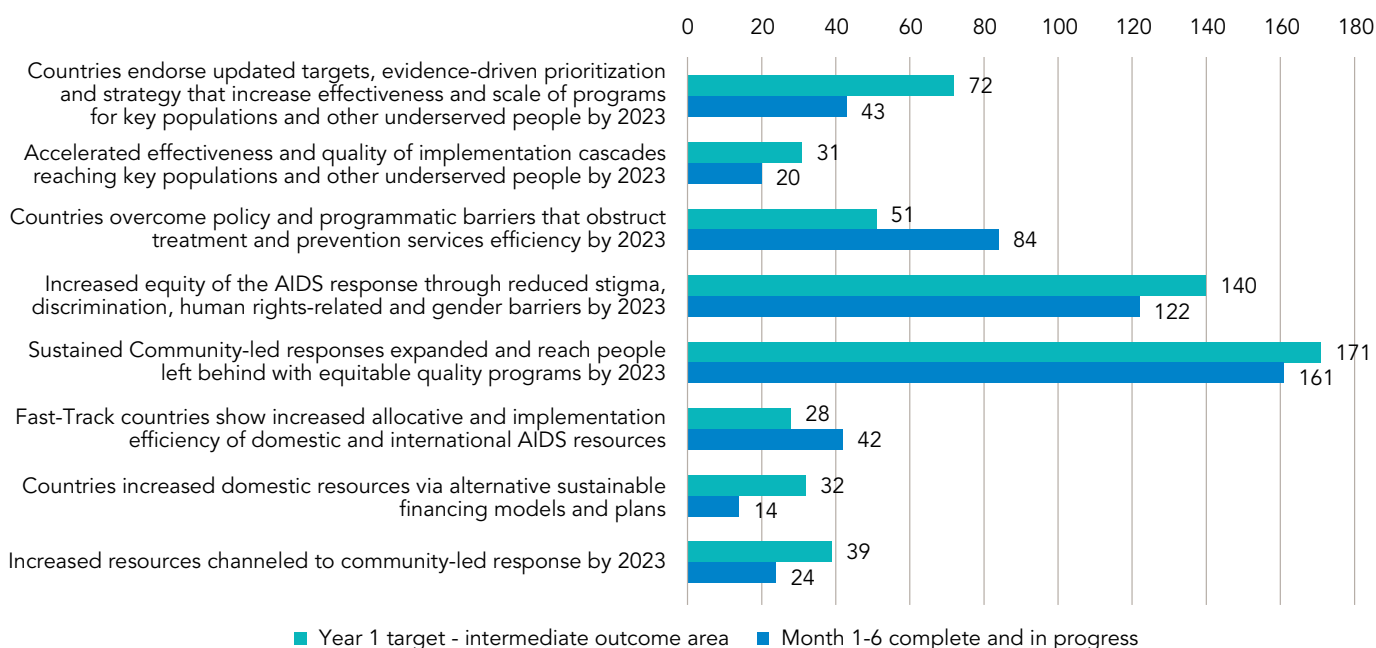
As countries end the application phase of the Global Fund grant cycle, increases in demand are expected to occur, especially in areas such as implementation, refining information for reprogramming and developing plans and systems for sustainability (notably for community-led responses).

The Stigma Index 2.0 has been initiated in 28 countries, ensuring that networks of people living with HIV are involved in data collection and analysis to support their engagement with governments, donors and other stakeholders to bring about change.

Community-led initiatives are central to UNAIDS' approach, especially for reaching key populations and those underserved by current HIV programming. A fully functional regional coordination hub has been established to support such responses in western and central Africa, and 34 CSOs from 15 countries have already received capacity-building support. Preparations for community-led monitoring have been supported in six out of 15 countries, which will enable communities to be better positioned to identify barriers, efficiencies and innovations within HIV services, and to use data to advocate for changes.

Result area 1: Harnessing data to accelerate policy and programme implementation in priority areas

Strategic information is vital for improving the effectiveness, efficiency and equity of the HIV response. Most countries have expanded and strengthened their data collection systems to understand the epidemiology of HIV, the underlying determinants of infection, impacts on various populations and the implementation and results of programmes and services.

The HIV epidemic thrives in and aggravates inequalities. The neglect of vulnerable and key populations contributes to new HIV infections and reduces access to treatment, which holds back the global HIV response. Ensuring such gaps are addressed requires timely and reliable epidemiological data and analysis that is sensitive to diverse populations and geographies. Analysis of such data contributes to understanding the service and other needs of populations and informs strategies to engage and support them.

Figure 6.
Main achievements over the reporting period

16 epidemiological and programme reviews and data assessments.

23 countries were commended by the Global Fund Technical Review Panel for good epidemiological analyses.

7 countries completed assignments to improve alignment with priority population needs and gaps.

Data drives impact. The TSM draws on UNAIDS' analytic and strategic capacities to guide planning, programming, prioritization and allocation of resources. It supports countries to develop and implement strategic frameworks, policies and operational plans, at national and subnational levels, all of them aligned with the Fast-Track targets.

Updates of country investment cases or investment scenarios, as well as other technical and allocative efficiency studies, have improved overall responses. Epidemiological, programmatic, service gap and implementation cascade analyses have provided key guidance for extending the access and quality of services. The analyses have also guided resource allocations for NSPs and Global Fund grants to optimize impact and build the longer-term sustainability aims linked to Result Area 3.

Sound strategic planning, target-setting and programme design are cornerstones of epidemic responses and build on systematic data analyses. During the reporting period, 49 completed TSM assignments ensured that 28 countries obtained granular data on implementation gaps, policies, inequities, barriers and bottlenecks.

Figure 6 illustrates other significant achievements during the reporting period, which comprised 16 epidemiological and programme reviews and data assessments, as well as specific assignments in seven countries to improve alignment with priority population needs (e.g., clarifying locations and addressing gaps and bottlenecks). Epidemiological analyses brought insight into potential user categories and locations that were not being engaged by existing services and allowed for identifying mismatches between prevention and treatment needs and service implementation and reach.

The importance of this work in supporting Global Fund funding applications is reflected in the fact that the TRP commended 23 countries for their epidemiological analyses and 17 countries for their strong use of data.

Integrated biological and behavioural surveys

IBBS surveys fill knowledge gaps regarding the HIV prevalence, vulnerabilities and risks of key populations, including size estimations and information on their service access and use. In 11 countries, support to IBBS surveys improved understanding of critical knowledge gaps for key population programme assessments and targets.

Examples include Cambodia, which conducted an IBBS among female entertainment workers with TSM support. The findings provided a national prevalence estimate and benchmarks for monitoring progress towards the Fast-Track targets for this key population. Behavioural data has led to stronger focus on expanding high-impact HIV prevention interventions and revealed opportunities for implementing innovative testing solutions, improving treatment services and strengthening social support for service delivery.

Data triangulation

Triangulation of Kenya's latest modes of transmission study with other data sources allowed HIV incidence to be estimated down to county level, which is informing programming decisions. The county-level estimates removed a key barrier to decentralized and more precise targeting and allowed for planning and management of HIV prevention that better responds to the heterogeneity of the country's epidemic. The analysis included interviews with key stakeholders that led to recommendations on issues such as leadership of the prevention response, reaching key populations, increasing male involvement and couples, increasing resources for condoms and improving the balance between behavioural, structural and biomedical approaches. The new approach

underpins Kenya's new Global Fund programme, which highlights a more focused and prioritized HIV prevention response.

Cascade analyses

Cascade analyses help clarify where gaps, bottlenecks and disparities are occurring and identify interventions to improve service outcomes. HIV treatment cascades are widely used to describe the steps from an HIV-positive test through to sustained viral suppression. They ensure that common challenges, such as uninterrupted supplies of antiretroviral drugs, are addressed and that the needs of specific populations are met. Cascade models can be applied to prevention programmes as well, as Zimbabwe is doing for adolescent girls and young women and sex workers.

TSM support in Benin applied a treatment cascade to identify persistent weaknesses in reaching the 90–90–90 targets. This led to a new community-based HIV care strategy which focuses on differentiated service delivery innovations such as self-testing and other demedicalized community models that can improve results. Distribution of antiretroviral medicines through key population organizations and by community health workers was also implemented, and this strengthened adherence to treatment.

Differentiated service delivery models

Differentiated service delivery refers to HIV services that are adapted to client needs while also reducing burdens on the health-care system. These models increase the reach and efficiency of services and reduce congestion at facilities. By promoting differentiated approaches, TSM support has contributed to improving the quality and efficiency of routine patient care. The TSM has enabled countries to draw on best practices and introduce differentiated service delivery approaches, such as multimonth dispensing of ART to reduce the number of clinic visits by people living with HIV. This approach has reduced the disruptive impact of COVID-19 on ART services. Access to prevention and treatment commodities and services was also strengthened for vulnerable groups in the context of COVID-19.

South Sudan has now placed emphasis on increasing the meaningful engagement of CSOs, communities and networks to support differentiated service delivery, and an

Figure 7.
Result area 1: Progress within first 6 months (April–September 2020) against new Multiyear Results Framework Year 1 targets

Epidemiologic and program syntheses identify policy shifts for scale up, gaps, priorities and evidence base for decisions: 32 / 25

Sub-national plans and resources target local gaps, effectiveness and quality for underserved populations: 18 / 10

Update national and subnational Fast-Track targets with focus on priority pops, innovation: 22 / 8

Improved service delivery alignment, effectiveness and efficiency with focus on priority settings, underserved populations: 11 / 7

Gaps, bottlenecks, disparities in cascades addressed to improve service outcomes in priority locations, populations: 20 / 13

■ Year 1 target   ■ Month 1-6 complete and in progress

assessment in west and central Africa provided practical guidance for several countries to implement community-led, differentiated service delivery and multi-month dispensing programmes.

UNAIDS is on track to meet Year 1 targets under the new MRF for result area 1. Within the first 6 months, 63 assignments were completed or in progress (against a target of 103 for entire year).

Additional demand is anticipated, especially for updating national and subnational targets to align with Fast-Track needs and programme capacity. This was a priority area identified by the TRP in response to Windows 1 and 2 applications, and further epidemiological data was requested, especially for underserved populations and settings.

Case study—Zimbabwe

An ongoing sequence of support to Zimbabwe illustrates how data analyses and policy processes feed into and enable successful Global Fund applications. A challenge for Zimbabwe's HIV response is sustaining successes in treatment while also mounting a robust effort to address gaps and barriers that negatively impact vulnerable and key populations and adolescent girls and young women. Although sound fiscal and programmatic was available through PEPFAR, the Global Fund and the National AIDS Council, there was a need for specialized TSM support for the civil society response, and to improve HIV prevention systems, guide social protection and refine strategies for Global Fund support.

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A sequence of support enhances impact, resilience and resourcing

In the context of large HIV epidemic—with 13% of people aged 15–49 living with HIV—Zimbabwe has made strong progress towards the Fast-Track targets for treatment: 91% of people living with HIV were aware of their HIV status, 93% were on ART, and 86% were virally suppressed in 2019.

From 2010 to 2019, new HIV infections declined by 44%, and AIDS-related deaths declined by 61%. But progress is uneven across populations and locations. Adolescent girls and young women have very high rates of new HIV infections and relatively poor access to testing. Key populations remain underserved, and stigma and discrimination undermine access to HIV services.

The TSM supported a series of consultancies that culminated in a Global Fund funding application that received a full award of US$ 448.8 million. The approval included a further US$ 242 million Prioritized Above Allocation Request. Matching funds of US$ 10 million were granted for adolescent girls and young women, new interventions such as PrEP for gay men and other men who have sex with men, prevention packages for transgender populations and people who inject drugs.

▸ **Formative technical support to inform stronger planning and capacity development:** Stakeholder engagements conducted by the TSM consultants led to the development of a Framework for Civil Society Engagement and a Civil Society Charter. These analyses confirmed gaps, clarified roles and mandates of civil society support, and provided guidance on results, institutional arrangements and systems. Support to the community

Zimbabwe continues to make strong progress towards the Fast-Track targets.

strengthening component for the Global Fund funding request followed, which allowed for a unified strategy that included key populations, adolescent girls and young women, and community systems strengthening.

▸ **HIV prevention cascades, national monitoring and social protection:** The TSM team used available data to identify gaps in priority prevention cascades at the national, provincial and district levels. These were used to determine monitoring indicators and advocacy needs using 90–90–90-style targets for prevention and included a micro-targeting and micro-planning approach. A follow-up HIV and social protection assessment highlighted structural barriers and supported more focused policy and plans.

▸ **Review and development of the National HIV and AIDS Strategic Plan 2021–2025:** Findings from the review fed directly into programming by government and key partners such as PEPFAR. The review prompted a shift from a national focus to a more equitable, decentralized response that targets districts, subdistricts and populations in line with the evidence. At the same time, the plan realigned coordination and monitoring and evaluation systems with decentralized structures and the need for more granular data. It included innovations such as self-testing and index-testing and prevention of mother-to-child transmission through retesting and PrEP. The strategy introduced important improvements, such as focusing on priority populations and geographical areas and improved integration across HIV prevention, testing, treatment and care cascades.

▸ **Global Fund HIV and TB Full Review Application:** The TRP praised the HIV prevention module for addressing key populations with appropriate interventions, including community-led and peer-driven service provision and key populations. Key and vulnerable populations had largely been overlooked in the previous 2017 application. To reinforce the success of the Global Fund grant, technical support has been requested towards the development of the Zimbabwe National Network of People Living with HIV strategic plan and a costed operational plan to align with the Zimbabwe National HIV and AIDS Strategic Plan 2021–2025.

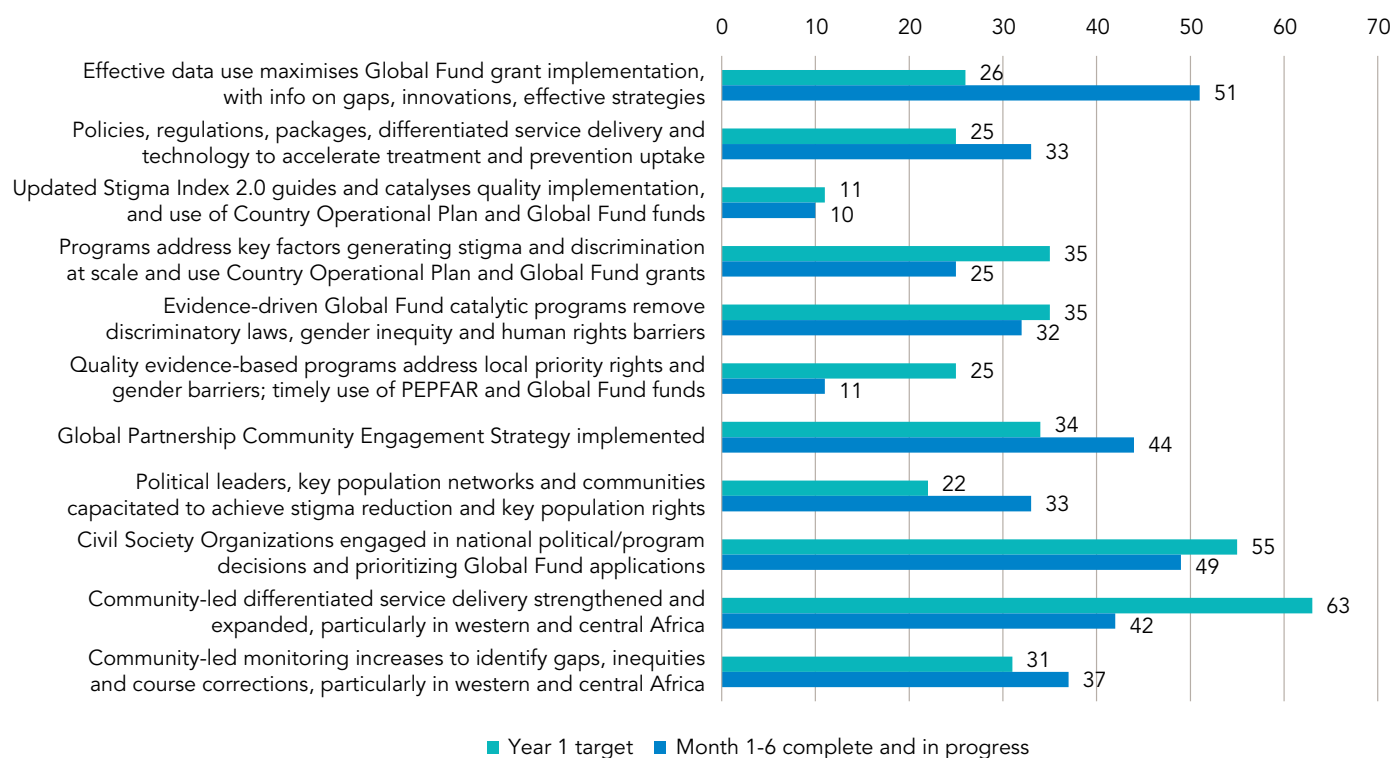## Result area 2: Accelerate effective efficient implementation to close gaps

Overcoming policy and programmatic barriers is key for ensuring scalable responses. Support through UNAIDS and OPM has contributed to substantial improvements in policies, programming and service delivery approaches. Considerable focus was placed on meeting demand for Global Fund funding applications which will enable countries to introduce changes into practical programmatic responses.

Support for revising policies, regulations and guidelines to overcome hindrances and facilitate scale-up has been vital, particularly for extending service coverage and access to achieve the Fast-Track targets. Priority areas such as self-testing and use of PrEP have been emphasized, as have community-led delivery and monitoring. Such approaches accelerate targeted prevention services, treatment and adherence support. Assignments have identified and analysed service gaps and implementation bottlenecks to ensure a more effective response. Others have built on such analyses to address key policy, programmatic and structural barriers, including through updated guidelines and delivery models and promoting people-centred approaches.

Support has emphasized local programmes to reach key populations, adolescent girls and young women to increase their access to HIV prevention and treatment services, reduce stigma and promote human rights. UNAIDS' technical support also strengthened in-country accountability for cost-effective grant implementation. The key role of community-led service delivery and monitoring has become more prominent for achieving the Fast-Track targets, particularly for key populations, and there has been emphasis on investing in stronger quality assurance mechanisms for accelerated Fast-Track performance.

Figure 8.

Result area 2: Progress within first 6 months (April–September 2020) against new Multiyear Results Framework Year 1 targets

	Year 1 target	Month 1-6 complete and in progress
Effective data use maximises Global Fund grant implementation, with info on gaps, innovations, effective strategies	26	51
Policies, regulations, packages, differentiated service delivery and technology to accelerate treatment and prevention uptake	25	33
Updated Stigma Index 2.0 guides and catalyses quality implementation, and use of Country Operational Plan and Global Fund funds	11	10
Programs address key factors generating stigma and discrimination at scale and use Country Operational Plan and Global Fund grants	35	25
Evidence-driven Global Fund catalytic programs remove discriminatory laws, gender inequity and human rights barriers	35	32
Quality evidence-based programs address local priority rights and gender barriers; timely use of PEPFAR and Global Fund funds	25	11
Global Partnership Community Engagement Strategy implemented	34	44
Political leaders, key population networks and communities capacitated to achieve stigma reduction and key population rights	22	33
Civil Society Organizations engaged in national political/program decisions and prioritizing Global Fund applications	55	49
Community-led differentiated service delivery strengthened and expanded, particularly in western and central Africa	63	42
Community-led monitoring increases to identify gaps, inequities and course corrections, particularly in western and central Africa	31	37

This result area also focuses on reducing the prevalence and effects of stigma and discrimination, human rights-related barriers and gender inequalities in order to advance equity in HIV response outcomes through the "Last Mile First" initiative. The latter was introduced in mid-2020 to support country capacities to generate and use data for reducing stigma and discrimination, and to strengthen the substantive involvement and leadership of CSOs and communities, particularly in western and central Africa.

UNAIDS is on-track to meet the Year 1 targets of the new MRF, with 367 assignments completed or underway within 6 months (against a target of 362 for the entire Year 1).

There was greater demand than expected from countries for Global Fund applications support, and Last Mile First projects were initiated in many countries. As attention shifts from grant applications to implementation, and as preparatory phases are completed, demand is expected to rise in result areas that focus on the implementation phase of reducing barriers and expanding community-led programmes.

Support to implementation

Successful grant applications and their subsequent implementation depends on access to policies, regulations, service packages, differentiated service delivery models and guidelines. TSM support focuses on scale-up of prevention and treatment services and informs understanding of implementation gaps, inequities, barriers and bottlenecks.

TSM support in this area included 56 assignments which were completed in 34 countries during the reporting period.

Those efforts contributed to numerous successful Global Fund grant applications. In addition, in eastern and southern Africa, the TSM supported applications to the regional Southern African Development Community AIDS Fund for short-term research and intervention projects. Member States were enabled to work together towards their 95–95–95 Fast-Track targets by tackling common barriers. Two multicountry, cross-border projects were approved in July 2020 and are being implemented. One project involves combination prevention for adolescent girls and young women in high-incidence communities in Botswana, Namibia and Zimbabwe, while the other reinforces prevention and treatment in Indian Ocean Island Member States.

Differentiated service delivery models tailor HIV services to subgroups of people living with HIV by following a client-centred approach that simplifies access to various components. Support to Burkina Faso improved the capacity of community-led organizations and health service actors to plan and implement differentiated service delivery models for the prevention, testing and treatment needs of different subgroups of clients. This will remove gaps in treatment cascades and enable Burkina Faso to use complementary Global Fund and PEPFAR funding more effectively.

Another aspect of this result area is the provision of support to address human rights-related barriers and gender inequalities to mobilize funds earmarked in PEPFAR COPs and Global Fund grants. Gender inequalities and gender-based violence remain widespread, even in countries with well-developed human rights frameworks. Gender assessments shape effective programme responses and inform Global Fund applications by providing local evidence on gender-related barriers and inequalities and by identifying country-tailored actions.

The TSM made a substantial contribution to improved understandings of the effects of human rights violations and gender disparities on service access in the 24 countries supported in Windows 1 and 2 which received positive TRP comments in those areas.

The TSM deployed human rights and gender consultants to support Global Fund proposals in 18 countries. Under the leadership of the UNAIDS Human Rights and Gender Thematic Lead, TSM focal points and a cluster of external consultants also peer reviewed 21 priority country funding requests—14 in western and central Africa and 7 in eastern and southern Africa—to ensure that human rights and gender barriers were addressed.

Assisting countries to mobilize Global Fund resources

The collaboration between UNAIDS and the Global Fund extends over the past two decades and has mobilized synergies through the UNAIDS' capacity to provide data; inform global, regional and country-level strategies; highlight gaps and identify populations that are underserved or left behind in the HIV response.

As the results of the current TSM reporting period show, support to countries responding to the Global Fund funding cycle has been extensive and remarkably successful for mobilizing critical resources that enable countries to meet their targets. The TRP has commended the quality of the submissions supported by the TSM, including with regard to the inclusion of key and vulnerable populations, attention to human rights and gender concerns and the introduction of innovations and efficiencies.

TSM support was provided to 82% of countries in eastern and southern Africa, western and central Africa, and Asia and the Pacific which applied for Global Fund Windows 1, 2 or 3.

Of the 18 countries in western and central Africa which applied for the first three windows, 14 received TSM support to strengthen the NSPs and other strategic documents that serve as building blocks for applications. In eastern and southern Africa, of 16 countries that applied, 8 received support for building block components. In Asia and the Pacific, 11 of the 15 countries that applied received TSM support for those components.

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Figure 9.
Technical Support Mechanism consultant support to Global Fund funding applications for Windows 1–3

For Windows 1 and 2, US$ 795 million was raised in Asia and Pacific, $1.49 billion in western and central Africa and $3.12 billion in eastern and southern Africa.

Lead consultants were provided for 91% of the supported applications. By the end of the reporting period, 90% of the applications for Window 1 and 2 countries had been approved by the TRP.

Figure 9 shows TSM consultant support in various categories in the three priority regions for Windows 1–3. Apart from the emphasis on supporting monitoring and evaluation and costing, there was also a focus on community engagement and systems, key populations and addressing human rights and gender barriers. National consultants were well-represented in Global Fund funding application assignments, with more than three quarters (76%) including consultants in this category.

The case study below describes lessons learned through Mozambique's funding application process. The approach included strong country ownership and leadership, through the guidance of the CCM chair and the executive secretary of the National AIDS Council. Due to the COVID-19 pandemic, all international technical assistance was delivered remotely.

Figure 10 illustrates the continuum of quality assurance which the TSM applies to Global Fund funding applications. It shows how monitoring, evaluation and learning are applied to ongoing processes, particularly for consultant selection, capacity-building and briefing

Figure 10.
Technical Support Mechanism continuum of quality assurance for Global Fund funding applications

exercises. The continuum reflects the need to adapt to COVID-19 circumstances through remote work. Peer review processes and the simulated TRP workshop contribute to the quality of applications, and the value of this step is evident in the high proportion of successful funding applications. Feedback from the TRP following submission to the Global Fund is also analysed and forms part of the monitoring, evaluation and learning process.

Case study—Mozambique

Mozambique's funding application process included strong country ownership and leadership, through the guidance of the CCM chair and the Executive Secretary of the National AIDS Council, with strong engagement by other lead managers, who provided weekly feedback on the application.

The Mozambique context is particularly challenging. The country has one health facility per 10 000 population, half the global benchmark. Only 67% of the population is within 1-hour drive travel to a health facility, and only 10% is within a 1-hour walk. Late diagnosis and retention in HIV care are major problems. Testing and treatment uptake for key populations is understood be lower than for the overall population, due to structural barriers to access to care and treatment, while ART coverage lower among men than women.

Lessons learned and innovations

HIV prevalence among people aged 15–49 years in Mozambique was an estimated 12% in 2019 and the country has had difficulty reaching the Fast-Track targets. In 2019, an estimated 77% of people living with HIV knew their HIV status, 60% were on ART and 40% were virally suppressed.

The Global Fund and PEPFAR are major funders of the HIV response, along with the Government of Mozambique. PEPFAR is the largest vertical budget donor, focusing on core strategies that include testing and treatment, prevention of mother-to-child transmission, enhancing paediatric and adolescent care, linking key populations to treatment and care, and prevention programmes (including scale-up of the DREAMS programme).

Mozambique has not used much previous support from the TSM. The UNAIDS country office has an adviser for PEPFAR and Global Fund implementation, and PEPFAR has a dedicated Global Fund liaison position—all of whom worked together to develop the technical support plan and mobilize technical support at the request of the CCM. The latter identified the need for TSM support to lead the development of the Global Fund HIV and TB proposal, to support the HIV modules of the proposal and to develop the human rights module.

1. Global Fund funding application, Window 2. The TSM team used innovative approaches to cope with COVID-19 restrictions. These included online survey tools to gather feedback on draft versions of the funding application, including from key populations and CSOs. The human rights component included strong engagement with civil society representatives to assess capacity-building needs and develop a comprehensive technical assistance plan to support implementation of a human rights programme.
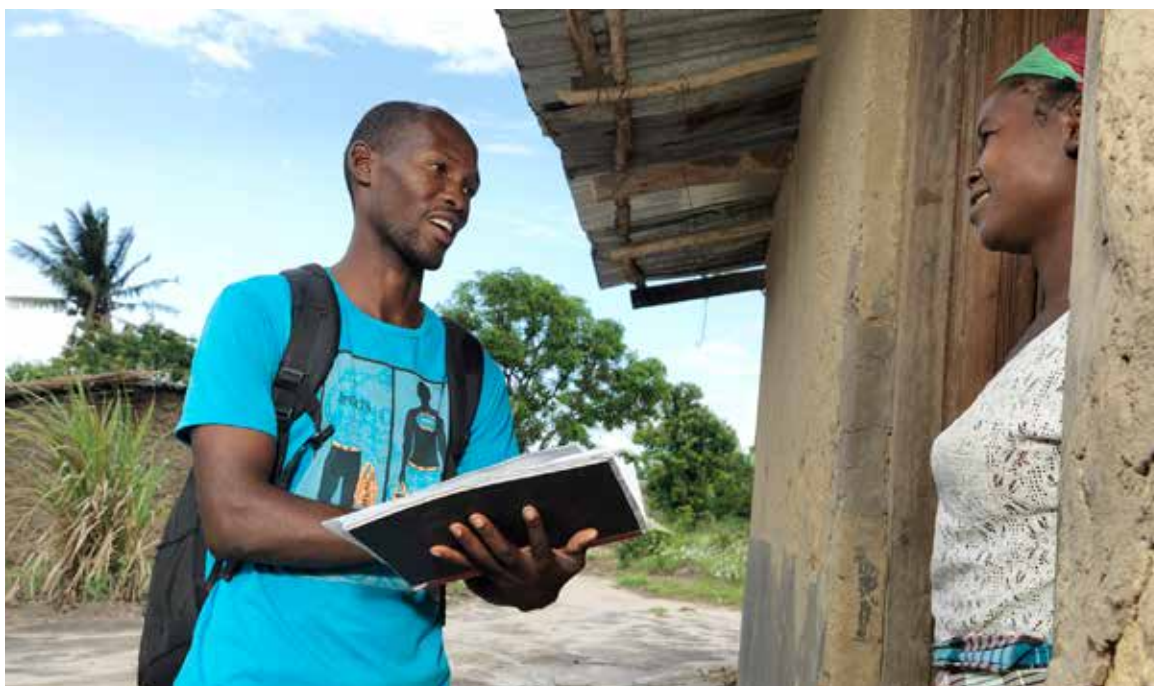
Peter Joque, left, helping to find people affected by the Cyclone Idai disaster in need of HIV medication. Mozambique, January 2020. Credit: UNAIDS/P. Caton.

2. Global Fund application results. The full funding allocation for US$ 551 million was approved, along with an additional US$ 162 million Prioritized Above Allocation Request. The TRP found the proposal to be technically sound and strategically focused. Matching funds of US$ 7 million for adolescent girls and young women were approved, as well as US$ 4 million for human rights, US$ 2.5 million for condom programming and US$ 2.9 million for self-testing.

The grant increases previous allocations and is more focused on HIV prevention (US$ 60 million versus US$ 20 million in the 2018–2020 grants), including for key populations and adolescent girls and young women, as well as for intensifying programming towards the 90–90–90 targets. The commitment of increased funds and focus on dedicated human rights programming supports a near-comprehensive national programme and reflects an important TSM contribution.

Modelling estimates indicate that around 185 000 new HIV infections and 78 000 deaths will be averted through this approach over the 2020–2025 period. The proposal also incorporates an important increase in funding for testing services, including the roll-out of self-testing, as well as funding to scale up harm reduction services for people who inject drugs, based on the results of a small-scale pilot. The Resilient and Sustainable Systems for Health Component of the proposal includes a US$ 4 million investment in community systems strengthening.

3. Lessons learned. Important progress and lessons were facilitated:

▸ Mozambique's HIV programme is now in closer alignment with optimal investment levels. The Global Fund support considerably reduces the funding gap in the country.

▸ Allocative efficiency was supported by resource optimization modelling conducted by Avenir Health, with UNAIDS support. The funding markedly improves programme quality for key and vulnerable populations and operationalizes the most recent UNAIDS guidance, shifting from a limited-service approach to one that is comprehensive and includes community centres. Ambitious targets for key populations were incorporated and were then further increased, following TRP recommendations.

- The TRP noted that epidemiological, socioeconomic, legal and other baseline data were used effectively to develop technically sound, innovative and well-prioritized programmes.

- Barriers and gaps to effective treatment and retention were clarified and were specifically addressed to improve programme reach among adolescent girls and young women, younger men and key populations. In addition, investments were prioritized to diagnose and care for people with advanced disease.

- Innovations include rank-ordering districts for services reaching adolescent girls and young women to support geographical prioritization and inform location-based differentiated service packages. A communication strategy strengthens support to key populations through health workers, other service providers and policy makers.

- Potential future disruptions due to COVID-19 were addressed. In parallel, a package of services was developed for people living with HIV including differentiated approaches such as multimonth dispensing and community antiretroviral refill groups. TB patients and community directly observed therapy providers will also receive COVID-19 guidance, and civil society partners, cured TB patients and community-leadership will be engaged.

Case Study—The Philippines

Although the Philippines has a low HIV prevalence epidemic with 0.2% of people aged 15–49 living with HIV, the country has one of the fastest growing HIV epidemics globally. New HIV infections increased by 207% from 2010–2019 against a 2020 target of 75% reduction. AIDS-related deaths increased by 338%. In 2019, 73% of people living with HIV knew their HIV status but only 44% were on antiretroviral treatment. The majority of new infections are among younger people aged 15–24 in key populations—especially men who have sex with men. This epidemic is driven by new ways of sexual networking by MSM, often through internet-based social networking platforms.

In the absence of robust, targeted interventions, an estimated 20 000 new infections are projected annually, doubling the number of PLHIV by 2025. There are gaps across the HIV service spectrum including low coverage of HIV testing, inadequate uptake of health services, slow turnaround of HIV testing, supply chain challenges for antiretroviral drugs and other commodities, inadequate tracking systems case follow-up, and shortages of community health workers and health professionals.

Men who have sex with men aged 15–24 have the lowest levels of comprehensive knowledge of HIV prevention. Reaching them is challenging as previous models for prevention and treatment are not adequate given the new epidemic dynamics among men who have sex with men. Sex workers and people who inject drugs, are also underserved in the context of criminalization and other restrictions.

The Global Fund grant through to 2020 includes US$ 8.5 million for HIV and US$ 78.5 for tuberculosis. The new allocation for 2021–2023 more than doubles to US$ 20.3 million for HIV and rises to US$ 119.1 million for tuberculosis (Window 1).

Sharpening response in key areas

In the context of an HIV epidemic that has increased rather than decreased over the past decade, strategies to reverse this course require attention to all aspects of the epidemic. Specifically, there is a need for Fast-Track interventions and innovative approaches across the spectrum of prevention, testing, treatment and viral suppression as well as addressing human rights and gender mainstreaming. The TSM support involved a sequence of consultancies that ultimately contributed to raising a Global Fund grant at more than double previous levels.

▸ **Development of the Health Sector Plan for HIV:** Support provided through the TSM included lead, human rights and gender, and health financing consultants. The team developed a Fast-Track Prevention, Testing, Treatment and Adherence Framework aimed at targeting high risk key populations including men who have sex with men, transgender women, people who inject drugs and young key populations in high burden areas through the use of high impact prevention, testing, treatment and adherence strategies. The goal of the Plan is to reverse the current upward trend of the HIV epidemic by reducing annual new HIV infections from an estimated 16 000 annually to less than 7 000. This includes increasing the proportion of men who have sex with men who know their HIV status from 26% to 80%, and among people living with HIV from 72% to 90%, as well as markedly increasing antiretroviral treatment and viral load suppression overall.

▸ **TSM supported a Joint Program Review which is a critical process in the development of Health Sector Plan for HIV and Global Fund Funding Request.** The results of this review were utilized in the development of health sector plan to ensure that strategies are responsive with the country's HIV epidemic.

▸ **Strengthening of information to support more effective grant implementation:** TSM support was requested to help address the gaps identified in the prevention, testing, treatment and adherence strategies of the HIV program as well as addressing the implications of weaknesses in human rights and gender mainstreaming. Consultants allocated to this task leveraged support and influence through policy makers to advance HIV programming innovations. TSM has also provided support and capacity building for analysis of the Philippines two-yearly integrated surveillance surveys, which provide critical information on both behaviors and HIV infection levels for tracking the evolving epidemic in key populations and planning responses. [completed Sept 2019]

▸ **Global Fund funding application:** This application was developed through a participatory process, including multiple stakeholders from government, development agencies and proactive leadership by representatives of key populations and people living with HIV. Close consultation was maintained with the Global Fund Country Team. The application was developed alongside the Health Sector Plan for HIV, allowing for prioritization of innovations and interventions in need of scale-up. These included expansion of Safe Spaces for condom access by key populations; expanding prevention services through outreach an in-reach peer navigators using online platforms to reach key populations; strengthening of HIV testing including self-testing

and provider-initiated counselling and testing; improving uptake of HIV prevention; and testing and treatment through one-stop shops support early initiation. Also prioritized were client-centered approaches for the delivery of antiretroviral treatment, including increasing access points, expanding hours of operation, opening drop-in centers, and adding delivery options. Interventions to reduce stigma and discrimination focused on mapping of safe spaces for young key populations and people who inject drugs, training health service providers, and training law enforcement officers working with people who inject drugs and deprived of liberty and living with HIV. The templates of terms of references consultants provided to the country offices well-informed the engagement of consultants and can be considered a good practice to ensure standardization of expected deliverables for the same activity.

▸ **Global Fund application results:** Funding for HIV is over 100% higher than previous levels. The application was appreciated by the TRP for its sound epidemiological and cascade analysis that balanced additional investments and targets in prevention and treatment, with the risks of ongoing transmission in the absence of urgent action. Emphasis on young key populations included introducing innovative face-to-face and virtual strategies for outreach, testing uptake and linking to treatment. The inclusive dialogue process with stakeholders that involved key populations was acknowledged as an important step in the context of the challenging environment for those populations.

Last Mile First

The following activities or areas of focus fall under the "Last Mile First" Initiative.

Case Study—People Living with HIV Stigma Index 2.0

Over the reporting period, the Stigma Index 2.0 was initiated in 28 countries, including 11 in eastern and southern Africa and 9 in western and central Africa. Six regional and national networks of people living with HIV have received formal training in implementation.

Transforming the response to stigma and discrimination

Stigma and discrimination harm the health and well-being of people living with HIV and people in key populations, create barriers to accessing life-saving services and undermine health outcomes. Key populations are more likely to be living with HIV and are more likely to experience intersectional stigma. While there has been progress in recognizing the rights of people living with HIV and of some key populations, many laws and policies continue to criminalize and facilitate discrimination against people living with HIV and key populations. Religious and cultural belief systems are also less accommodating.

Participants from Ghana receiving training at a regional workshop in Côte d'Ivoire.
Photo courtesy of Global Network of People Living with HIV (GNP+).

The People Living with HIV Stigma Index 2.0 is a survey done by and for people living with HIV. Initially launched in 2008, the survey has been updated to accommodate the changing HIV epidemic. The new survey includes questions that focus on improving understandings of how different groups of people are affected by stigma and discrimination. Questions regarding access to health care now encompass the continuum of health care (not just HIV services), and the new questionnaire is also more streamlined and easier to use.

Through the TSM support for GNP+, ICW, and JHU as technical assistance providers, the Stigma Index 2.0 is conducted with a high degree of rigour and quality implementation, while also strengthening the national networks who lead research focused on people living with HIV. The collected data support allocations for integrated stigma reduction, human rights, and gender interventions, including in PEPFAR COPs and Global Fund grants.

Greater involvement of people living with HIV and AIDS (GIPA) principle

The Stigma Index 2.0 follows the inclusive approach embodied in the GIPA principle, with people living with HIV leading the research, including data collection and dissemination. The findings empower and support affected communities by providing data for advocacy to conduct campaigns and tackle social, healthcare, legal, policy and other barriers. As a participant in the implementation of the Stigma Index project in Ghana observed:

> "What was happening was like, stigmatizing the stigmatized. Because already, because of their lifestyle or sexual orientation, key populations are stigmatized, and also being HIV-positive also makes it a double burden. And so, if we could bring them together, under one umbrella body, then we could be a force to reckon with in terms of fighting for the rights of all people living with HIV, regardless of whatever lifestyle, behaviours, or practices they were engaged in." *(3)*

An advocacy toolkit has been developed to support the use of Stigma Index results in different settings. The toolkit links to the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination and will include a gender-specific addendum. ICW, GNP+ and UNAIDS are collaborating to strengthen the leadership of networks of women living with HIV as implementers of the study.

Community-led response

Communities not only deliver services but also help generate service demand, promote service retention and adherence, serve an essential monitoring and watchdog function and advocate for essential HIV investment to address community needs.

The CSIH-WCA provides guidance, technical support, coordination and knowledge sharing on a broad range of areas. Their goal is to strengthen the capacity, integration, role and sustainability of community-led systems as central components of national and regional HIV responses. While emphasis is placed on western and central Africa, support extends to other countries as well.

CSIH-WCA has rapidly scaled-up a fully functioning regional hub to enable coordination of CSO activities. Through this hub, CSOs and communities obtain policy guidance and technical support to undertake data collection that informs planning, target setting and implementation of HIV-related activities.

The initiative has brought together 34 CSOs in 16 western and central African countries.

Workstreams include: 1. leadership, platform, and political influence; 2. children and adolescents; 3. human rights and other political and social barriers; 4. harm reduction and other vulnerabilities; 5. community monitoring and accountability; 6. community health expertise and services; and 7. peer-to-peer experience sharing and mentoring. Coordination across the region is being strengthened, contributing to the development of communities of practice that can avoid unnecessary duplication and competition.

Twelve TSM engagements involving CSOs in political and programmatic decision-making were completed in western and central Africa and 8 were completed in eastern and southern Africa.

In the Democratic Republic of the Congo, the TSM engaged with the Consortium Plaidoyer VIH-TB, an alliance of CSOs working in HIV advocacy, to deliver a budgeted strategic and operational plan to strengthen its role in addressing key barriers to achieving the 90–90–90 targets. Barriers included age-of-consent requirements for testing, stigma and discrimination against people living with HIV/TB and key populations, and limited allocation of resources to HIV/TB services. The plan provides ways to address those barriers, including through strengthening the focus and function of the Consortium's executive secretariat, providing structured guidance for community-led advocacy for HIV/TB policy and service delivery.

Through TSM support, CSOs in 8 western and central Africa countries are working to develop a specific thematic platform to share experiences and expertise on differentiated service delivery. They are also developing and sharing strategies for the provision of community health services in health-related and other emergencies.

Case studies of innovative solutions to bottlenecks in 7 countries in western and central Africa have been produced, responding to an advisory report from the Office of the Inspector General of the Global Fund which noted the need to share success stories. Examples include a peer mediator model for preventing mother-to-child transmission of HIV, which successfully tracked two thirds of pregnant women who had been lost to follow-up; expanding ART coverage to more than 92% in intervention clinics; and a service which provided legal advice and assistance in more than 580 cases and trained more than 900 beneficiaries in legal literacy, despite limited funding.

Lessons learned in the Asia-Pacific region for multimonth dispensing and community distribution of antiretroviral drugs included improved understanding of community roles in antiretroviral dispensing and of opportunities to promote community-led and community-based models of response.

Preparations for community-led monitoring technical support were conducted in six countries to follow the award of Global Fund grants. Civil society organizations are being supported in six western and central African countries in community-led monitoring assessments and strengthening.

Community-led monitoring

The 2016 UN General Assembly Political Declaration on Ending AIDS commits Member States to ensure that at least 30% of all service delivery is community-led and that at least 6% of HIV resources are allocated to socially enabling activities. This approach puts people-centred approaches first by including community groups, CSOs, people living with HIV and key populations in the HIV response.

Communities can help to generate data regarding the HIV response in their settings, including ensuring that programmes and services are responsive to their needs as well as identifying barriers and sharing solutions for service improvements. Scaling up, strengthening and supporting the sustainability of community-led monitoring is undertaken through UNAIDS by the ITPC to assist 15 PEPFAR and Global Fund-supported countries. As this process unfolds, communities in the focal countries will be better positioned to identify barriers, efficiencies and innovations regarding HIV services and make use of data to advocate for changes wherever they are needed.

Preparations for community-led monitoring technical support were conducted in 6 countries to follow the award of Global Fund grants. CSOs in 6 countries are also being supported to undertake community-led monitoring assessments and strengthening.

Support includes training in preparatory skills and protocol development and reaching out to the Global Fund, PEPFAR, Deutsche Gesellschaft für Internationale Zusammenarbeit and Expertise France teams to lay the groundwork for coordination. A reference toolkit, including animated video training materials on community-led monitoring, is in final review. As this process unfolds, communities in the focal countries will be better positioned to identify barriers, efficiencies and innovations regarding HIV services, mobilizing data to advocate for changes wherever they are needed.

Human rights and gender

The Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination was established in 2018 with a focus on people left behind in the HIV response, including people living with HIV, key populations, indigenous populations, prisoners and other incarcerated people, migrants and women and girls, particularly adolescent girls and young women.

The Global Fund is now a committed new partner in the Global Partnership, which works closely with the Global Fund's Breaking Down Barriers initiative to accelerate progress in 18 countries. The TSM has provided critical support to each of those countries to ensure that their new grant applications have increased funding allocations for human rights and gender-related programmes and include human rights action plans.

GNP+ provides support to leadership and meaningful engagement of communities and civil society for the implementation phase of the Global Partnership at global, regional and country levels. This work includes establishing or revitalising national working groups in 18 countries that clarify priority interventions.

Gender assessments shape effective programmes and inform Global Fund applications by providing local evidence on gender-related barriers and inequalities, and by identifying country-tailored effective actions. The Central African Republic, for example, has developed rights-based and gender equality-focused responses to HIV and TB that were incorporated into its successful Global Fund application and were specifically commended by the TRP. The country's responses were directly informed by the Gender Assessment and Rapid Review of Human Rights, HIV, and TB, which in turn informed analysis of implementation gaps.

Elimination of mother-to-child transmission and coerced sterilization

Elimination of mother-to-child transmission requires a combination of highly effective strategies during pregnancy, childbirth and during the postnatal period. They include preventing HIV infection during pregnancy or after breastfeeding, providing ART for women living with HIV, implementing safe delivery practices, treating children born to mothers living with HIV, and following safer infant feeding practices.

The Start Free, Stay Free, AIDS Free global agenda was launched in 2016, prioritizing 22 countries for elimination of mother-to-child transmission. The ICW has an essential role in the WHO's elimination of mother-to-child transmission and syphilis validation process. Countries seeking validation have an opportunity to hear from and learn from women living with HIV about their experiences with the elimination of mother-to-child transmission process. ICW's experience in supporting women living with HIV in the validation process ensures that they have a meaningful role and that linkages are made with human rights accountability, including stigma reduction. The ICW engaged with 5 country networks of women living with HIV and it provided technical support for engagement with regional and national validation missions.

Case study—Democratic Republic of the Congo

The Democratic Republic of the Congo is still recovering from political instability which has plagued the country since the 1990s. The TSM supported the community engagement and human rights components which shaped the Global Fund application. Support was also required for strategies to improve 90–90–90 outcomes, including the involvement of people living with HIV.

Inside the Paediatric HIV Unit at the Kalembelembe Children's Hospital, Democratic Republic of Congo, December 2020.
Credit: UNAIDS.

Reshaping human rights and gender response

In 2019, HIV prevalence in the Democratic Republic of the Congo was an estimated 0.8% among people aged 15–49 years. Recent size estimates indicate that key populations are significantly larger than previously estimated; they also have limited access to prevention commodities. About 35% of female sex workers do not have access to condoms, 46% of gay men and men who have sex with men lack access to lubricants, and 43% of people who inject drugs do not have access to sterile syringes.

1. Elaboration of the National Strategic Plan. Support to the National Strategic Plan and Global Fund proposal was provided by consultants from various agencies, including one from the TSM. Work focused on differentiated and community-led service delivery and on addressing the needs of key populations, adolescent girls and young women. Capacity strengthening was provided for CSOs to engage in community-led roles, with support including development of strategic and implementation plans of two lead organizations focused on advocacy and maternal and child health. In collaboration with the UNDP, training was provided to justice sector service providers and stakeholders, supporting mechanisms to ensure effective access to justice.

2. Global Fund funding application, Window 1. Workshops were conducted with all key stakeholders, including CSOs and key population representatives, to identify bottlenecks for programming. This led to a prioritization exercise to support an overall vision of a holistic, multilevel community model. Modules were developed for community engagement, key populations and human rights and gender, which were aligned with the National Strategic Plan. Guiding themes included empowerment, household resilience, strengthening community dynamics and improving the enabling environment, and components involving key populations addressed stigma and homophobia.

3. Global Fund application results. A grant of almost US$ 240 million was approved, including resources for human rights and key population interventions that were mainstreamed into prevention and treatment programming. Matching funds of US$ 2.6 million were allocated for the removal of human rights barriers affecting to health service access and TB case finding.

Result area 3: Efficiency and HIV response financing

Assistance was provided to countries to lay the groundwork for sustainability and funding transitions by improving prioritization of effective and cost-effective interventions, efficiency of implementation, strengthening their systems, and developing more robust policies, plans and capacities. These enable gradual, country-tailored transitions from external resources to domestic budgets and support sustaining programme effectiveness.

A wide range of low- and middle-income countries with different epidemic and economic profiles have been paying attention to assessing and developing innovative, efficient and sustainable service delivery approaches, as well as additional options for funding. Countries are focusing increasingly on securing domestic, public funds to sustain community-led delivery, through social contracting or other methods.

Progress against the new MRF targets has been strong, with 77 of the TSM and "Last Mile First" assignments completed or underway within 6 months (against a target of 99 by the end of Year 1).

There was much greater demand than expected for completing NSPs, developing well-costed workplans and developing gap analyses to support Global Fund applications. More countries than expected also received support to mobilize funding for community-led responses as part of their NSP and funding applications. Greater demand is expected for domestic resource and sustainability, as well as community programme financing, as countries act on their proposals and TRP requirements attached to new grants.

Figure 11.

Result area 3: Progress within first 6 months (April–September 2020) against new Multiyear Results Framework Year 1 targets
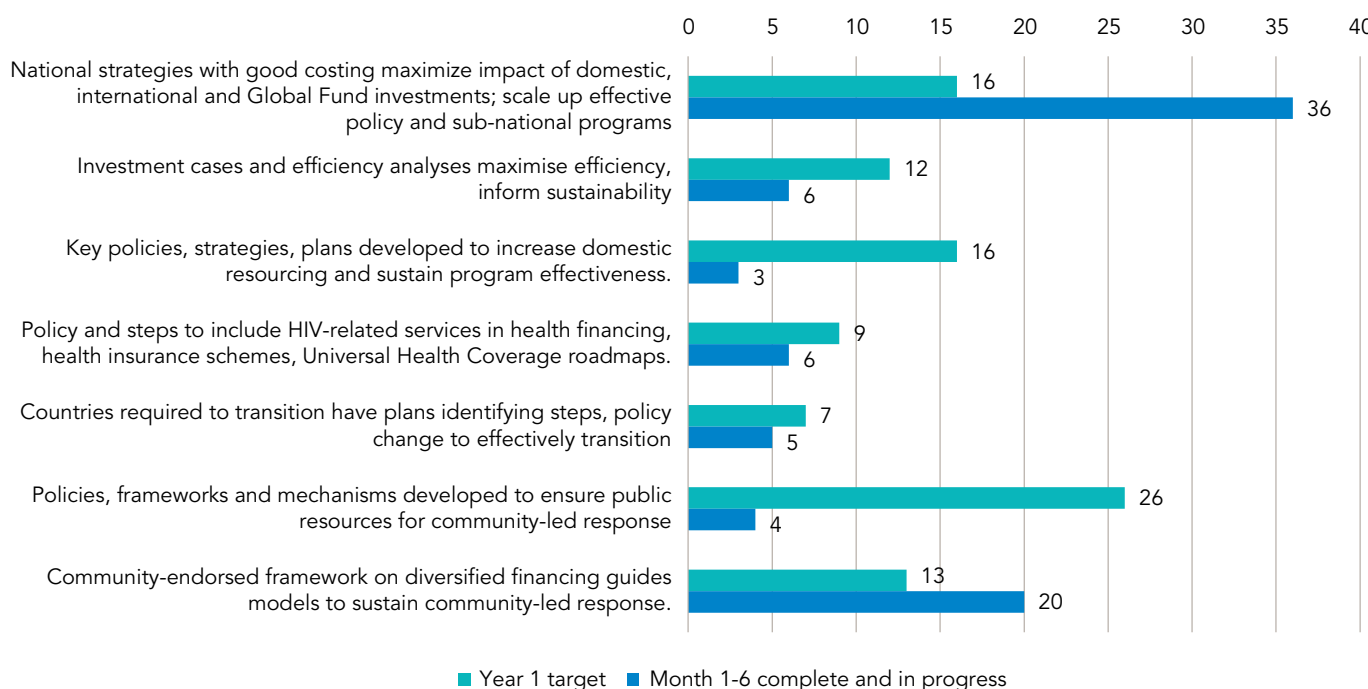
Optimization and efficiency of the action agenda to accelerate impact towards targets

NSPs have long been the cornerstone of HIV response. They are vital country-owned tools that lay the foundation for the scale-up of programmes and services vital to achieving the Fast-Track targets.

TSM support to national strategies in this area was delivered through 24 NSPs, four efficiency agenda assignments and five that addressed domestic resourcing and sustaining community roles. Global Fund funding applications based on these strategies were largely successful, and TRP feedback on many of the applications commended the strong linkages to the NSPs. For example, a mid-term review and targets update for Zambia's National AIDS Strategic Framework focused on HIV prevention and underpinned a US$ 262 million Global Fund funding application. Allocative and technical efficiencies identified in the TSM-supported review led to revised estimates of resource needs and

reallocations. The country's sustainable financing profile stressed the high dependency of the country's AIDS response on international resources as well as the constraints on its fiscal capacity as a result of the negative economic impacts of COVID-19. Training on the Goals model, which informs costing of HIV strategies to reduce HIV infections and mortality, was also provided to senior HIV managers in Zambia.

In Cambodia, stakeholder engagement and expert inputs into investment scenarios prioritized allocative and implementation efficiencies and demonstrated manageable costs of PrEP coverage among gay men and men who have sex with men. This resulted in a commitment to scale up PrEP for this population, an activity that previously had limited support due to high initial budget estimates. The analyses translated immediately into target setting and planning and into the country's prioritized above allocation request for Global Fund funding.

National strategic plans

Consultative processes with diverse stakeholders feed into NSP development or review processes. Most current NSPs reflect country commitments to the Fast-Track targets, and TSM consultants are typically drawn in to formulate or refine NSPs or subcomponents.

Many NSPs include reference to key populations but do not necessarily extend to the full spectrum of highly vulnerable groups, for example, persons who use drugs or transgender persons may be omitted. These gaps are typically addressed through TSM support in conjunction with consultative processes.

TSM support has been instrumental in introducing and incorporating efficiency-enhancing activities, such as more impactful interventions into many NSPs, simultaneously contributing to meeting Global Fund funding criteria. For example, through this support, there has been:

▸ Consistent increase in the extensive and nuanced use of more granular data, as well as analyses of HIV epidemiology and response data, contributing to improved planning and programming;

▸ Improved geographical targeting with better focus on rights and service needs of key populations and those left behind;

▸ Improved alignment with Fast-Track targets, including 2025 milestones and 2030 goals;

▸ Inclusion of community-led responses and monitoring;

▸ Greater integration of HIV with other services.

UNAIDS has provided additional support to modelling through Avenir Health, which has usefully informed prioritization.

Countries have also been able to address concerns about quality of NSPs by using combined peer reviews of drafts by UNAIDS, TSM leads and country representatives. This has reduced concerns regarding the failure to prioritize certain key populations and gaps in community inclusion and leadership of the response.

Case study—Côte d'Ivoire

Côte d'Ivoire is one of the countries most affected by HIV in western and central Africa, with a low prevalence generalized epidemic and higher prevalence concentrated epidemics among key populations. In 2019, HIV prevalence among people aged 15–49 years was estimated at 2.4% and there were 430 000 people living with HIV. Progress against the Fast-Track targets has been modest. In 2019, 73% of people living with HIV knew their HIV status, 63% were on ART and 50% were virally suppressed.

While the HIV prevalence in most districts is less than 3% in the general population, it is high among key populations, including sex workers (13%), gay men and men who have sex with men (12%), transgender people (24%), and people who inject drugs (6%). More than one third of people living with HIV (37%) reside in 2 of the country's 33 health regions.

Two studies conducted in 2018 highlighted the human rights-related obstacles that hinder access to HIV services, along with the inadequate progress made towards 90–90–90 targets. The country initiated a new HIV national strategy, which now includes ambitious goals and links to the Fast-Track targets. The emphasis is on public awareness, reducing stigma and discrimination against key populations, reducing gender-based violence and increasing access to HIV prevention services.

Nuancing the National Strategic Plan as a building block for Global Fund funding application

The same team of consultants was used for developing the new NSP (2021–2025) and the Global Fund grant application. The aim was to achieve greater coherence, synergy and complementarity in the provision of the technical support.

1. Identifying best solutions, reviewing the 2016–2020 NSP and developing the 2021–2025 NSP. Following a modelling study of the most cost-effective mix and targeting of interventions through Global Fund financial support and UNAIDS technical support, a multidisciplinary TSM team (6 international consultants and 2 local consultants) was formed to conduct a mid-term review and develop the new NSP. Initial guidance was obtained through dialogues with key stakeholders, including community representatives, people living with or affected by HIV, and key populations. Innovations identified to accelerate progress towards the 90–90–90 targets included:

▸ Differentiated service delivery for HIV prevention and treatment;

▸ Testing and treatment, increased community engagement and allocation of resources to community-led response (at the 30% funding level);

▸ Innovative approaches such as self-testing, active case finding and use of social media to reach key and vulnerable populations;

▸ Active communication to address human rights violations, which was prioritized nationally to reach key populations and people living with HIV;

▸ Focus on adolescent girls and young women, gender-based violence and the first explicit mention of transgender persons;

▸ Integration of HIV testing, counselling, care and treatment into the Universal Health Coverage care package that was linked to increased domestic funding (and thereby increased sustainability).

The restrictions on movement to curb the spread of the new coronavirus in both Côte d'Ivoire and Nigeria are having an impact on many people living with HIV. To help mitigate those effects, the International Community of Women Living with HIV West Africa is partnering with health-care facilities to facilitate the home delivery of HIV and other treatments. June 2020. Supplied to UNAIDS.

2. Development of the Global Fund 2020–2022 Funding Application. To remain within the allocated budget, a prioritization exercise was carried out using geographical, epidemiological and programmatic criteria. The exercise was supported by consultations and work sessions with the national AIDS programme, the CCM, Global Fund recipients, PEPFAR, and other donors and technical partners (including the UN system) to ensure complementarities and promote synergies. A UNAIDS-WHO remote review of the draft application commended the strategic focus, as well as the methods used for addressing barriers and constraints, the inclusion of civil society and key populations, the recognition of the role of the Ministry of Health at all levels, and the tailoring of interventions to respond to the differentiated needs of key populations and vulnerable groups.

3. Global Fund application results. An award of US$ 82 million was validated for funding in August 2020. The TSM supported the finalization of the application (including grant making) through 3 consultants. The success of the application is attributable to TSM support of the critical building blocks of the application, including the preceding modelling and the review and development of the NSP. The TRP noted that the evidence-driven approach took challenges and shortcomings into account, and it endorsed the inclusion of community system strengthening and co-planning with PEPFAR to avoid duplication and enhance complementarity. Also appreciated was the expansion of condom demand creation and distribution, inclusion of case-finding strategies for people living with HIV such as self-testing and key and vulnerable population emphases, commitment to addressing gaps in the prevention of mother-to-child-transmission and early infant diagnosis, and value for money through priority population and geographical location focus.

Increased domestic resources and sustainable financing

This component involves mobilizing domestic resources and implementing strategies that promote efficiency towards epidemic control to attain long-term sustainability, including ensuring coverage for key populations. Substantially increasing domestic investments is a critical next step towards meeting the Fast-Track targets in a context where international resources are declining.

Countries are supported to develop policies, strategies and plans that increase domestic resources and sustain programme effectiveness. Overarching strategy initiatives such as the Southern African Development Community Regional Framework on sustainability provide some guidance informing planning and development of civil society response and community-led programming, which supports vulnerable and key populations. A baseline of key factors that affect sustainability, including implications for major funders, has been developed in 15 countries. This is also supported by the UNAIDS-PEPFAR collaboration to implement the Sustainability Dashboard Index and the new PEPFAR Responsibility Matrix.

Social contracting offers a valuable bridge towards sustainability of service networks for key populations by enabling governments to contract with nongovernmental providers to prevent the collapse when external funders reduce support. Contracting also has potential to complement the public health system in extending coverage where government capacity is limited.

Over the reporting period, 8 countries used the social contracting diagnostic tool to chart a route for governments to fund service delivery by civil society. This was followed by policy commitment to sustainable contracting in Namibia and Zimbabwe, and further assessments of related legal and policy issues in Kenya and Viet Nam. Thailand explored domestic health insurance to finance NGO services, and Indonesia has mapped CSO preparedness. Technical support was provided to 3 countries to conduct sustainability assessments. The ability to clarify sustainability, transition and co-financing plans enhances countries' Global Fund applications.

Other elements are also improved:

- ▸ **Policies and steps to include HIV-related services in their health financing strategies, health insurance schemes, and UHC roadmaps.** Support in this area helps stimulate demand for life-saving services. In Cameroon, domestic resources were mobilized for HIV and UHC implementation. Sustained technical support enabled the implementation of a 2020 policy to eliminate user fees that posed a barrier to service uptake. Tools for health facilities to access government resources to compensate for reduced fee revenue were put in place, and guidance was provided to stakeholders. Thailand has estimated the costs of community delivery of HIV interventions to inform the absorption of the costs and services in its national health insurance scheme and to sustain community-led delivery as part of its UHC package. This support enabled the swift implementation of the landmark Ministry of Public Health decision in June 2019 to remove all impediments to community-led HIV service delivery to key populations.

- ▸ **Transition planning including steps to shift from external resources to sustain programmes.** Sri Lanka was supported to undertake its Transition Readiness Assessment and is now receiving support to follow through on recommendations, in particular by enhancing the efficiency and impact of resource use in its upcoming final Global Fund grant. If successful, Sri Lanka could reach the goal of ending its AIDS epidemic as a public health threat by 2025, ahead of the global deadline. Expanded technical support demand is expected as this area is further prioritized as part of Global Fund requirements.

Costing consultants were provided to 9 countries during the period under review, which led the provision of costing and budgeting support to 24 Global Fund funding applications. Robust methodologies to underpin costing and budgeting, as well as funding gap analyses, are vital. UNAIDS is working with PEPFAR and other partners to improve the quality of these exercises in countries.

Technical support was provided to the Uganda AIDS Commission to generate updated unit costs of key HIV interventions to inform budgeting and the investment case for funding the national response. This led to modification of the conceptual framework underlying the approach to align with the UNAIDS Fast-Track approach, the Presidential Fast-Tracking Initiative and the National Development Plan III strategy. Cost estimates were expanded to include activities such as PrEP and programming for refugee populations, along with updated approaches to HIV testing and counselling, among others. The updated unit cost compendium from this work will ultimately be used to develop Uganda's new National Strategic Plan 2020–2025, national priority action plans, the Global Fund funding request (for which US$ 289 million has been allocated), and the United States Government COP. Critically, it will also inform long-term sustainability planning as the country begins to increase domestic financing of the programme.

UNAIDS technical support not only helps countries develop compelling investment cases to secure funding, and it also reviews and updates them to check that the scenarios that guide planning maximize results, adapting them (where necessary) as new challenges and opportunities arise.

UNAIDS has evolved its investment framework application in countries. The focus of the ongoing investment cases is expanded to generate evidence on increasing implementation efficiency, including through service delivery modalities and incorporating community health care workers into national plans, thus strengthening systems for health.

In collaboration with the Global Fund and partners, UNAIDS has used Avenir Health's new model to optimize testing targeting and coverage and to set new targets for adolescent girls and young women, taking into account risk structure and disaggregating by age. Updated investment scenarios based on new epidemiological and cost data were incorporated in 6 of 21 NSP updates, which ensured that Global Fund programmes under Window 1 and 2 grants were appropriately targeted.

The updated investment case for the United Republic of Tanzania set revised targets for adolescent girls, young women and key populations based on new HIV estimates at the national and subnational levels. The investment case explored potential gains due to PrEP, new delivery modalities and the integration of lay workers into the delivery system. Between US$ 30 million and US$ 60 million can be saved by shifting to the antiretroviral drug dolutegravir, updating treatment protocols (six-monthly drug dispensing for stable patients) and expanding community-led programmes. The investment case findings also suggested that the United Republic of Tanzania could make rapid policy shifts to achieve efficiencies, enabling it to reduce its funding gap and decongest its health facilities.

Independent evaluation of the TSM

TSM services represent value for money and provide efficient rapid and nimble professional support, according to an independent evaluation commissioned by UNAIDS. The evaluation surveyed TSM recipients, consultants, OPM leads and UNAIDS leads at global, regional and country level and covered activities from inception in 2018 through December 2019.

Over 300 assignments were delivered in over 50 countries in 3 regions: western and central Africa, eastern and southern Africa, and Asia and the Pacific. UNAIDS' longer involvement in countries and their trusted role as a partner in the HIV response aided the delivery of TSM assignments. OPM were commended for their professional and responsive support to country partners, consultants and UNAIDS country offices, and UNAIDS regional support teams and headquarters thematic leads were commended for the support they provided to personnel at country level.

The TSM has made important contributions to equity through assignments that addressed the needs and circumstances of harder-to-reach and marginalized groups in countries where Fast-Track targets were not being met. An especially strong contribution was being made to support country efforts to achieve the Fast-Track targets in general, particularly by drawing on experts who could inform and prioritize community-led responses within Global Fund funding applications. The development of Global Fund concept notes provided insight into programmatic bottlenecks and provided a learning opportunity for capacity development of consultants in political economy thinking, programmatic barriers and costing considerations.

TSM's consultants were viewed as appropriately skilled, providing support efficiently and flexibly over the duration of their assignments. There were some constraints to overall efficiency due to bottlenecks in review, approval and quality assurance processes as well as communication logistics and the capacity to deliver thematic expertise in some regions (for example, Francophone countries in western and central Africa). The evaluators found that twinning arrangements between OPM and UNAIDS leads improved efficiency and that there was an opportunity to improve on operational processes and tools. A framework was put forward for assessing value for money.

Virtual technical support plans helped to identify the right technical support, although there was a need to improve the understanding among UNAIDS country directors and regional support teams regarding types of support that could be funded. While there are good mechanisms for strategic learning—for example, feedback reports and other assessments—there are opportunities to extend strategic learning through analysing the data.

National AIDS programmes and UNAIDS country teams valued the TSM's contributions to accountability and to the capacity to convene key stakeholders and partners. USAID representatives highlighted the added value of the support and its potential to address gaps in the consultant pool. Global Fund representatives appreciated the quality of support and collaboration at country level, while noting that dialogues on consultant requirements could usefully be conducted in the support process.

Good practice examples included:
- Developing capacity of consultants by the TSM included sharing tools and guidelines;
- Providing strong operational support to consultants through OPM-strengthened in-country activities;
- Establishing systems to foster teamwork;
- Engaging funders and identifying technical support priorities through VTSPs.

Recommendations of the evaluation emphasized the need for improvements to the TSM's partnership approach and governance framework, as well as the management structure, the collaboration and communication framework, and management and information systems. The need to expand the consultant pool was also highlighted.

A management response has been developed in the light of the recommendations. An updated monitoring, evaluation and learning approach is being implemented. Strengthening of the consultant pool immediately benefited support to a larger number of Global Fund funding applications.

The Technical Support Mechanism and COVID-19

COVID-19 poses a grave threat to global health and the rapidly evolving pandemic is undermining health systems, including essential programmes and services for the HIV response.

Delivery of technical support in this context has required rapid adaptation, including prioritizing the safety of people linked to assignments in countries and ensuring continuity of TSM work. Guidelines were rapidly developed to address practical and logistic challenges for teams in the field.

TSM activities were disrupted in several ways. Consultants who were in-country could no longer conduct face-to-face meetings, group discussions and workshops that are ordinarily vital for shaping technical support outputs. Travel restrictions prevented some consultants from working in countries where they were not residents, and arrangements needed to be made for the safe return of others who were already on assignment. Many lead staff and stakeholders in countries were drawn into serving on COVID-19 advisory committees and had to devote time to dual responsibilities which also disrupted collaborative processes.

Consultants were provided with guidance on good practices for remote technical support, thereby facilitating effective teamwork to achieve results and strengthening alternate strategies for engaging stakeholders. Virtual communications, including videoconferencing, webinars, remote reviews and mobile messaging platforms, were quickly established to support communication for consultants and counterparts, and linkages were expanded with local experts to ensure that TSM activities continued with minimal disruption.

The TSM drew on the parallel work of UNAIDS and Cosponsor organizations, including information from monitoring of impacts and responses across countries and guidelines that were developed on key themes, including approaches to address the links between COVID-19 and HIV.

Some of the TSM's work was refocused to support COVID-19 and HIV intersections, for example, conducting a rapid assessment of models for multimonth dispensing of ART and pre-exposure prophylaxis (PrEP) in Asia and the Pacific. This included measures to pre-empt or address supply- and demand-side problems. The TSM provided assistance to Chad, Kenya and Uganda to develop funding requests for the Global Fund COVID-19 response mechanism. A US$ 33.8 million Global Fund grant was secured for Uganda for the immediate implementation of its COVID-19 Preparedness and Response Plan to reduce infections, support care and address socioeconomic disruptions while also protecting the gains made in the HIV response.

COVID-19 also affected the TSM's "Last Mile First" work. Country visits to engage CSOs were curtailed. These hindrances were managed by drawing on CSIH-WCA representatives who were present in countries to conduct the required site visits, and by shifting to virtual meetings. GNP+ also moved to virtual meetings, although data collection for the Stigma Index 2.0 was put on hold pending changes in the risk environment.

The COVID-19 pandemic remains fluid and unpredictable. Lessons learned continue to be consolidated, particularly ways of minimizing disruptions to technical support delivery; supporting access to resources that address COVID-19 and HIV intersections; and exploring opportunities to expand innovations such as multimonth dispensing of prevention and treatment commodities, expansion of differentiated service delivery and prioritizing community-led responses.

Leveraging partnerships

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UNAIDS is a joint programme with an extensive track record in working with multisectoral partners. It maintains close links with the Global Fund, PEPFAR and UN agencies at global, regional and country level. Joint work and collaboration contribute to harmonized approaches and guidance, align country support, and ensure effective divisions of labour to achieve maximum impact. Examples of focused partnerships include joint work on the elimination of mother-to-child transmission (with UNICEF), NSP development and Global Fund and country applications for HIV and TB (with WHO), rights and gender work (with UNDP) and other diverse engagements with networks, CSOs and communities.

Coordination between UNAIDS, WHO, the Global Fund and PEPFAR is increasingly supported through an HIV Situation Room. The primary goal of the HIV Situation Room is to provide technical guidance and oversight on how Global Fund funding is utilized to achieve results and discuss technical issues or country portfolios that require particular attention and additional (political or technical) support from partners. This is the appropriate forum to ensure planning, alignment, and prioritization of technical support. Follow-up actions by each HIV partner are tracked, including the provision of technical support, enhancing transparency and alignment. There is also cost sharing of assignments, where relevant (for example, through Global Fund and other partner contributions), while consecutive assignments are to achieve higher-level outcomes.

In support of TSM work during the reporting period, UNAIDS thematic leads, OPM focal points, UN partners and external consultants collaborated on joint peer reviews and quality assurance of NSPs, investment cases and Global Fund applications. This included a mock Technical Review Panel held in February 2020 in Nairobi, Kenya. More than 46 virtual peer reviews of Global Fund applications were done with UNAIDS cosponsors, as well as 12 webinars to support country stakeholders and TSM consultants. UNAIDS has continued to concentrate on its priority areas and comparative advantages, including coordinating specialized consultants who work on Global Fund proposals with other agencies and TA providers such as Expertise France and GIZ.

The strong collaboration with Global Fund teams, PEPFAR and partners demonstrates the increasing coherence and alignment of technical assistance utilization with grant needs. It also shows the increased harmonization of approaches in key areas such as strategic information, HIV prevention, human rights and gender, and efficiency and sustainability.

In Asia and the Pacific, UNAIDS and the Global Fund, in consultation with PEPFAR, forged a regional understanding of partnership for results to complement the global level UNAIDS Global Fund Memorandum of Understanding. The trend of increased communication with Global Fund portfolio managers and collaboration in technical assistance implementation has continued.

Cost-sharing for technical support between the Global Fund, UNAIDS, PEPFAR, Expertise France and other partners has been extensive, especially for large processes or sequences of support in countries such as the Democratic Republic of the Congo, Indonesia, Malawi, Mozambique and the United Republic of Tanzania.

UNAIDS and the Global Fund have formalized a collaborative approach to ensuring the inclusion of evidence-informed human rights, gender equality, and stigma and discrimination interventions in Global Fund funding applications. Specific technical support will be provided for the preparation of applications and their review.

Global Fund

Since 2002, the Global Fund has raised and invested more than US$ 45 billion in AIDS, TB and malaria programmes across more than 155 countries. Funding is performance-based and requires programmes to have proven, effective and time bound results. Over US$ 14 billion has been pledged through the Global Fund's Allocation for 2020–2022.

UNAIDS prioritizes TSM support to assist countries at all stages of the Global Fund grant cycle, with an emphasis on reaching key populations and those underserved by the HIV response.[2]

Throughout the funding and implementation process, TSM provides an essential bridge between the development and use of quality strategic information, applications for funding and implementing large-scale grants.

Figure 12.
Global Fund funding cycle *(4)*

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2 Funding applications are country-driven through Country Coordinating Mechanisms (CCMs) comprising government, country experts and civil society representatives affected by the three diseases. Submissions are reviewed by an independent Technical Review Panel (TRP), and based on this review, changes may be requested. Once finalized, the application is submitted to the Global Fund Board for approval. Programme implementation follows, and grants are monitored and evaluated in relation to their deliverables.

Challenges and lessons learned

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The COVID-19 pandemic affected many aspects of the TSM's work, prompting rapid and innovative responses. The TSM mobilized to ensure continuity of support through its multiple collaborating and implementing organizations and country linkages, even in the context of complex assignments. The focus of its work broadened to ensure that disruptions of the HIV response were pre-empted or mitigated, and that key linkages were maintained with UNAIDS and Global Fund initiatives to support the global response.

The response infrastructure that was established is providing a vital foundation for responding to the ongoing unpredictable course of the COVID-19 pandemic. Consultants appreciated the logistical support provided by the TSM, especially the rapid mobilization of support to address concerns and logistic arrangements affected by the COVID-19 and the introduction of viable approaches for providing virtual support. The TSM's increased pool of local and regional experts, including members of the communities, and national counterparts' strong trust in the UNAIDS and OPM partnership, were key to addressing COVID-19 challenges.

However, the COVID-19 pandemic did delay some activities, such as national partner and civil society consultations for the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, and the hiring of consultants at regional and country levels in some instances. UNAIDS and GNP+ are supporting virtual meetings to ensure that consultations on national action plans continue.

UNAIDS support in strategic areas where it has comparative advantages has helped countries make substantial improvements in HIV planning and programming through the TSM. This support has facilitated access to substantial financial resources through Global Fund funding applications, which enable enhanced progress against the Fast-Track targets for 2025.

Surveys of country partners supported in the Global Fund funding application process assessed the quality of consultant and TSM support, and of peer reviews. In all regions, those quality ratings were higher 4 out of 5.

External peer reviews were provided to countries submitting Global Fund funding applications in Windows 2 and 3. Both countries and consultants indicated that these were highly valued despite challenges, particularly the limited time available to incorporate suggestions before submission. Peer reviews have also enhanced the effectiveness of NSP-related assignments.

Consultants and country teams appreciated the support given by UNAIDS and OPM focal points to improve process and technical aspects of funding application development. Such support has included opportunities for strengthening learning and it is feeding into future technical support planning of grant implementation, building on a precedent of rapid analysis and learning.

The system of virtual technical planning with countries has successfully facilitated managed demand for technical support. This has helped countries identify and act on priorities for strategic support. The UNAIDS TSM has adapted to the increased demand for technical support and has been able to respond efficiently to the evolving focus of support needs.

Systems and tools such as the consultant database are being enhanced to meet emerging needs and priorities, including additional support to Francophone and Lusophone countries. Challenges have largely involved balancing consultant expertise, deadlines and country expectations.

The independent evaluation of the TSM usefully identified opportunities for enhancing management and streamlining operations, including practical recommendations related to improving information systems, communications, quality assurance, expanding the pool of consultants and improving monitoring, evaluation and learning. A response strategy was developed and is being implemented through a systematic workplan.

A number of persistent challenges require attention to consolidate progress. Analyses of recent grants, TRP comments and NSPs are underway to distil learning and inform technical support agendas. Priorities are likely to include:

▸ reinforcing more strategic prioritization at central and decentralized levels;

▸ clarifying how to enhance efficiencies in resource use through implementation analyses, reinforcing cascades, and closing key coverage gaps;

▸ extending the focus of countries on programme results and impact rather than focusing narrowly on grant performance and absorption; and

▸ facilitating progress towards wider sustainability and transition planning.

The initial phase of the "Last Mile First" initiative encountered challenges such as delays to data collection for the Stigma Index 2.0 data collection. Other challenges for implementation of the Index included donor-imposed time constraints, which had a potential impact on quality, and the need to fill gaps in supporting networks of people living with HIV involved in developing and undertaking advocacy work based on the survey findings. Interest in the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination was greater than expected. UNAIDS has provided additional funding to GNP+ to support consultations in the additional countries that have signed on.

There were some delays and loss of momentum in western and central Africa due to the time demands placed on some CSOs by Global Fund application processes, which indicates that additional time is needed for participatory planning.

The way forward
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The TSM has contributed to securing significant resources through recently approved Global Fund grants and it continues to provide vital support to new funding applications. In the context of newly secured Global Fund grants, it is necessary to ensure that countries successfully shift towards increasing the impact of their new grants, as well as identifying related technical support needs. This will require engagement with country partners. It will also benefit from collaboration with partners such as PEPFAR, the Global Fund and Expertise France to ensure that needs are efficiently met.

Coordination and collaboration with PEPFAR, USAID, the Global Fund, and other partners will continue to ensure that countries are in a position to attain the Fast-Track targets for 2025. Engagement with the HIV Situation Room will be strengthened through coordination between PEPFAR, the Global Fund, and WHO. This will enable the sharing of technical assistance plans and the development of guidance and agreements on sequenced technical support for country portfolios with underperforming grants. There is room for improvement in areas such as the more routine involvement of other development partners at country level in planning and monitoring technical support portfolios, and there is a key role for Virtual Technical Support Plans (VTSPs) to ensure strong country ownership and impact.

Even though the COVID-19 pandemic caused some disruption, the UNAIDS TSM succeeded in delivering targeted support to countries, populations and HIV services. The innovative approaches to programmes and service models that have been developed (including in the course of responding to the COVID-19 pandemic) now need to be scale up to achieve the targets outlined in the new grants. This will require support for monitoring and assistance in programme refinements. Specific areas of attention include differentiated service delivery and community-led models, including for monitoring.

▸ There are lessons to be learned regarding focal areas that are less amenable to remote work in the context of COVID-19, and how to address those challenges. The outlook for the COVID-19 pandemic is unpredictable and a continued impact on the resourcing and delivery of HIV and TB programmes has to be factored in.

▸ There is an opportunity to help countries adapt the delivery of programmes with a focus on resilience and on advancing people-centred and community-delivered services. It is likely that support will be needed to expand access to vaccines and the implementation of vaccination programmes, including prioritization of people living with HIV and vulnerable and key populations.

▸ UNAIDS has also developed considerable resources and guidance for supporting prevention and treatment services most at risk, and the TSM continues to focus on innovative approaches such as multimonth dispensing and differentiated service delivery. There are linkages to be made with strategies for social protection and prevention and treatment programmes for vulnerable and key populations. Countries have been adept at implementing effective responses, including by using integrated approaches to HIV and COVID-19.

- The TSM will continue to consolidate and share best practices. It will apply lessons learned with regard to the delivery of technical assistance to ensure effectiveness going forward—including, for example, by expanding work with local consultants and setting up twinning arrangements with senior consultants, supported by webinars and other virtual platforms. Such approaches also contribute to productive dialogues with country stakeholders throughout the implementation of assignments.

The TSM will continue to identify policy and programmatic barriers that delay implementation, in order to develop approaches to avoid or adapt to such challenges. Focal areas include: 1. HIV testing; 2. multimonth dispensing and distribution of prevention and treatment commodities such as condoms, PrEP, opioid substitution therapy and antiretroviral medicines; 3. prevention and treatment services such as voluntary medical male circumcision, TB prevention and treatment; 4. social protection responses including financial support, safe spaces programmes, community support and gender-based violence services; 5. expanding differentiated service delivery; and 6. exploring more effective antiretroviral drug regimens.

Advocacy and technical support are vital for removing structural barriers and strengthening political leadership to respond effectively to stigma, discrimination, human rights and gender equality challenges. Response in those areas will be reinforced through the scale-up of the "Last Mile First" initiatives, especially through linkages with CSOs, community-led responses and community monitoring frameworks, and implementation of the Stigma Index 2.0 survey.

UNAIDS is grateful for the United States Government's ongoing support for this crucial work. The TSM offers valuable opportunities to explore and support sustainable solutions for countries that build on the ample of achievements made thus far.

Abbreviations

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ART	Antiretroviral Therapy
CCM	Country Coordinating Mechanisms
COP	Country Operational Plan
CSIH-WCA	Civil Society Institute for Health and HIV in West and Central Africa
CSO	Civil Society Organization
GIPA	Greater Involvement of People Living with HIV and AIDS
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
Global Fund	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
ITPC	International Treatment Preparedness Coalition
JHU	Johns Hopkins Bloomberg School of Public Health
MEL	Monitoring, Evaluation and Learning
MRF	Multi-Year Results Framework
NSP	National Strategic Plan
OPM	Oxford Policy Management
PEPFAR	United States President's Emergency Plan for AIDS Relief
PrEP	Pre-Exposure Prophylaxis
Stigma Index	People Living with HIV Stigma Index 2.0 (Stigma Index 2.0)
TB	Tuberculosis
TRP	Technical Review Panel
TSM	Technical Support Mechanism
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VTSP	Virtual Technical Support Plan
WHO	World Health Organization

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