UNAIDS

PrEP cho

UNAIDS Technical Support Mechanism

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- Maximize impact of investments in the AIDS response to accelerate progress towards achieving the 2016 Political Declaration Fast-Track Targets.

- Political and Implementation Country Support to effectively implement US$ 4.4 billion in new Global Fund grants for HIV and TB programmes in priority Fast-Track countries.

- Catalytic actions to scale effective programmes, innovations, and community-delivery for sustainable health outcomes.

- Reach those who are underserved and at higher risk of HIV, shape public policy on HIV, thereby reduce inequities, through leveraging UNAIDS' established trust with governments, communities and partners.

- Pursue partnerships to maximize synergies and impact of results-driven technical support.

STEP 1

Assignments included in the country VTSP: the UCD interacts with UNAIDS Thematic Leads (RST & Geneva) to agree regarding draft Terms of Reference.

Assignments not in VTSP: please contact RST for agreement of inclusion in the VTSP.

STEP 2

Send the **TAF 1: Country Application Form**, and **TAF 2: Terms of Reference** (even partially completed) to RST Technical Support Focal Point and to **UNAIDS TSM team (tsm@unaids.org)**, copying the UNAIDS Thematic Lead(s). The request will be reviewed for eligibility and forwarded to OPM who will acknowledge receipt within 48 hours.

STEP 3

OPM Thematic Lead contacts the UCD/UCO and the UNAIDS Thematic Lead(s) to complete the TAF package: Terms of Reference, budget, workplan and profile of the consultants.

STEP 4

OPM Thematic Lead provides a shortlist of potential, suitable consultants. The UCO is responsible for selecting the consultant(s) in collaboration with the country client through a selection committee and process.
The UCO forwards a selection record with the final selection to the OPM Thematic Lead and the UNAIDS Thematic Lead(s).
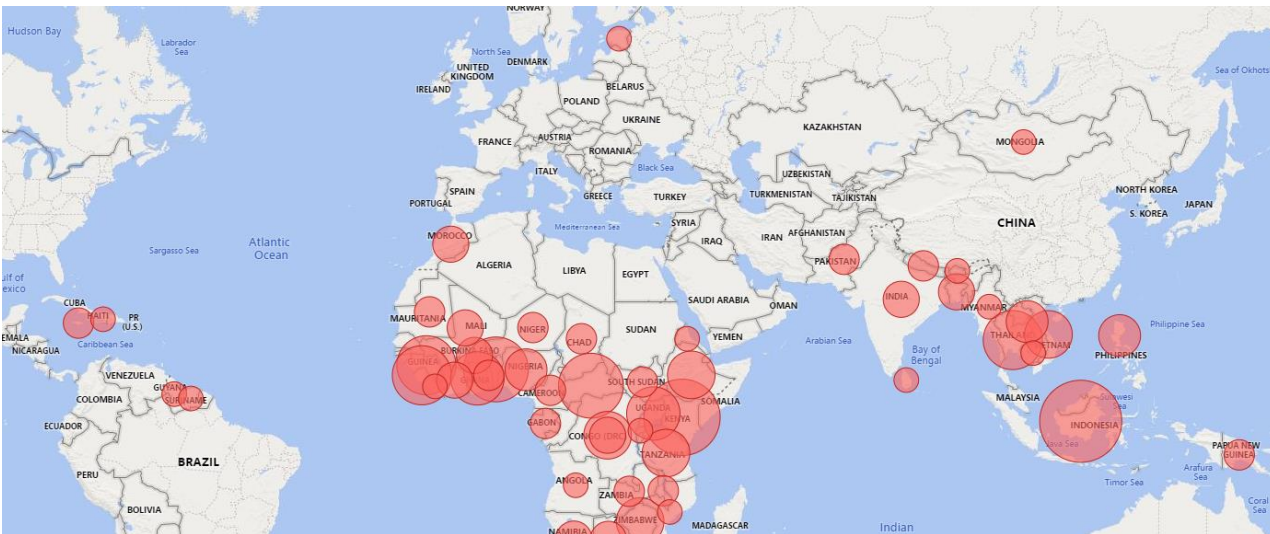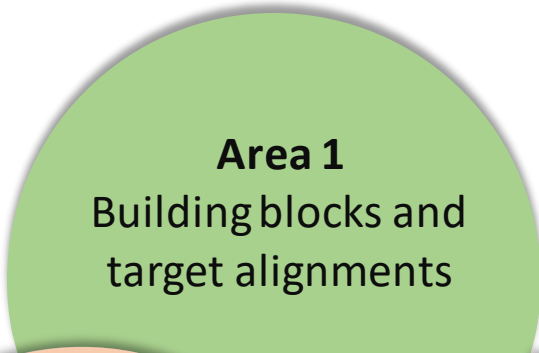
STEP 5

OPM finalizes the TAF package and submits it to UNAIDS TSM team for clearance by the FTI Department Director. UNAIDS memo authorizes the TSM to issue the contract and start implementation.

STEP 6

UNAIDS Thematic Lead and OPM Thematic Lead: initial review, quality assurance of the draft and final deliverables. UCO authorizes OPM to release payments per deliverables.
Q&A: External peer review of assignments with multiple thematics & above USD50,000.
The UCO and country partner provide feedback upon completion, contributing to strategic learning.

- Short term technical support (three to six months).

- Content, country, and regional focus – **Additional human resources?**

- Integrated team support: highly-skilled UNAIDS staff, international and local technical consultants - more intensive engagement.

- Closer dialogue/involvement with national actors and partners.

- Leveraging contributions from UNAIDS, Cosponsors and partners to coordinates the planning, prioritization, approval and quality assurance of technical assignments.

- Cost-sharing of assignments through GF and other partners' contribution through TSM.

- Consecutive assignments required to achieve a goal are reflected in scope and phases of the assignments.

Area 1
Building blocks and target alignments

Priority areas

Area 2
Global Fund Grant implementation

Area 3
Efficiency, sustainability and transition

UNAIDS has supported more than **100 countries** to access, implement and leverage more than **$18 billion** in Global Fund investments.

Focus area for the technical support in Asia-Pacific, West and Central Africa, and East and Southern Africa regions.

NSPs and Target alignment

Sierra Leone, Benin (three disease integrated plan), Angola, Guinea, Conakry, Guyana, Peru, Democratic Republic of Congo, Viet Nam (MTR and update – include PrEP)

Investment cases

Set Targets for AGYW, increase allocative and implementation efficiency (CHW, delivery modalities, adjusted testing modalities), Impact scenario and cost of complacency, and inform NSPs, HIV prevention targets and funding gaps

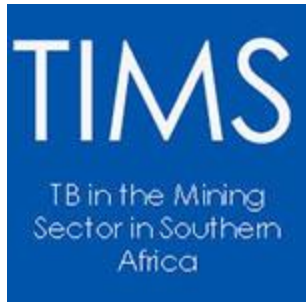Ex. Bangladesh, Benin, Suriname (TRA Rec), Tanzania, Namibia, Uganda, Malawi, DRC, Nigeria (funding gap for GF CA)

Strategic information –sub-national level

IBBS, mapping: ex. Thailand (PWIDs), Mauritania (to inform the GF CA), Indonesia (updated sub-national targets, Sex workers and Mobility)

National AIDS Expenditure Analysis: Cambodia, Mozambique, Namibia, Nepal, South Sudan, Zambia and Zanzibar – inform allocative efficiency

Other efficiency studies: Service mapping in Zambia, Uganda

January 2018: > 50 technical support SI assignments: location, population size estimates, set targets at national and sub-national level for the GF grants

TIMS
TB in the Mining
Sector in Southern
Africa

Global Fund Multi-Country Grant
SUSTAINABILITY OF HIV SERVICES FOR
KEY POPULATIONS IN ASIA (SKPA) PROGRAM

Implemented in the Philippines by
loveyourself

- Support to 53% of the GF country applications since Window 1

- In the last window: country applications and regional proposals including:

  - Nigeria – enhanced analysis of the epidemic, programmatic and service limitations and barriers to access. Funding gap analysis component of the country application

  - South Africa – TA for M&E and the write up of the country application $353,321,121 (along with other partners)

  - Asia-Pacific – multicountry grant for 8 countries which aims to generate strategic information, improve access to services for key populations and develop community-led interventions

  - Costing of the Phase 2 of the GF TB in the mining sector in Southern Africa (TIMS) project

  - Chad

  - M&E Frameworks in MENA SR for the GF grant

  - LAC multi-country grant application
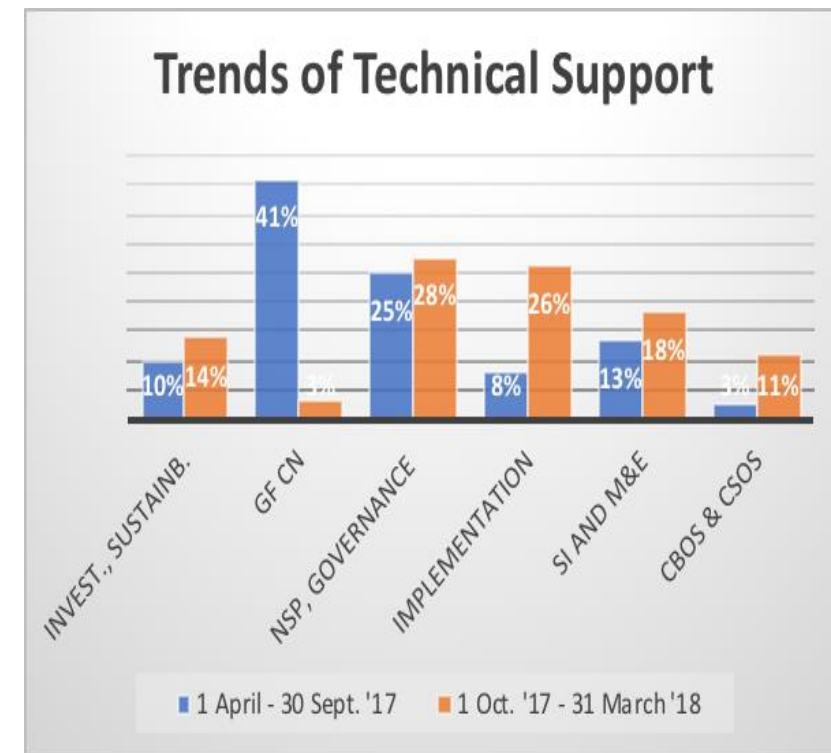
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Policy, programmatic barriers

- Policy & programmatic barriers: ex. Sierra Leone, Côte d'Ivoire, DRC, Indonesia, User Fees (DRC, Cameroon), Côte d'Ivoire: MTR and user fees
- Support to PR and SR: Sierra Leone, Guinea, Kenya
- Other: Bangladesh, Central African Republic, Congo, Indonesia, Laos, SADC (regional), Viet Nam

Strengthening community system & delivery models

- PLHIV communities: ex. Benin, Mali, DRC
- WCA: Community delivery and capacity building
- Social Protection: ex. Sierra Leone, Tanzania
- Delivery modalities: ex. Niger, Sierra Leone, Zimbabwe, Ghana, India, Tajikistan, Liberia.

Human rights, catalytic funds, stigma

- Bangladesh, Pakistan, Stigma Index (Namibia, Philippines, Indonesia)

Trends of Technical Support

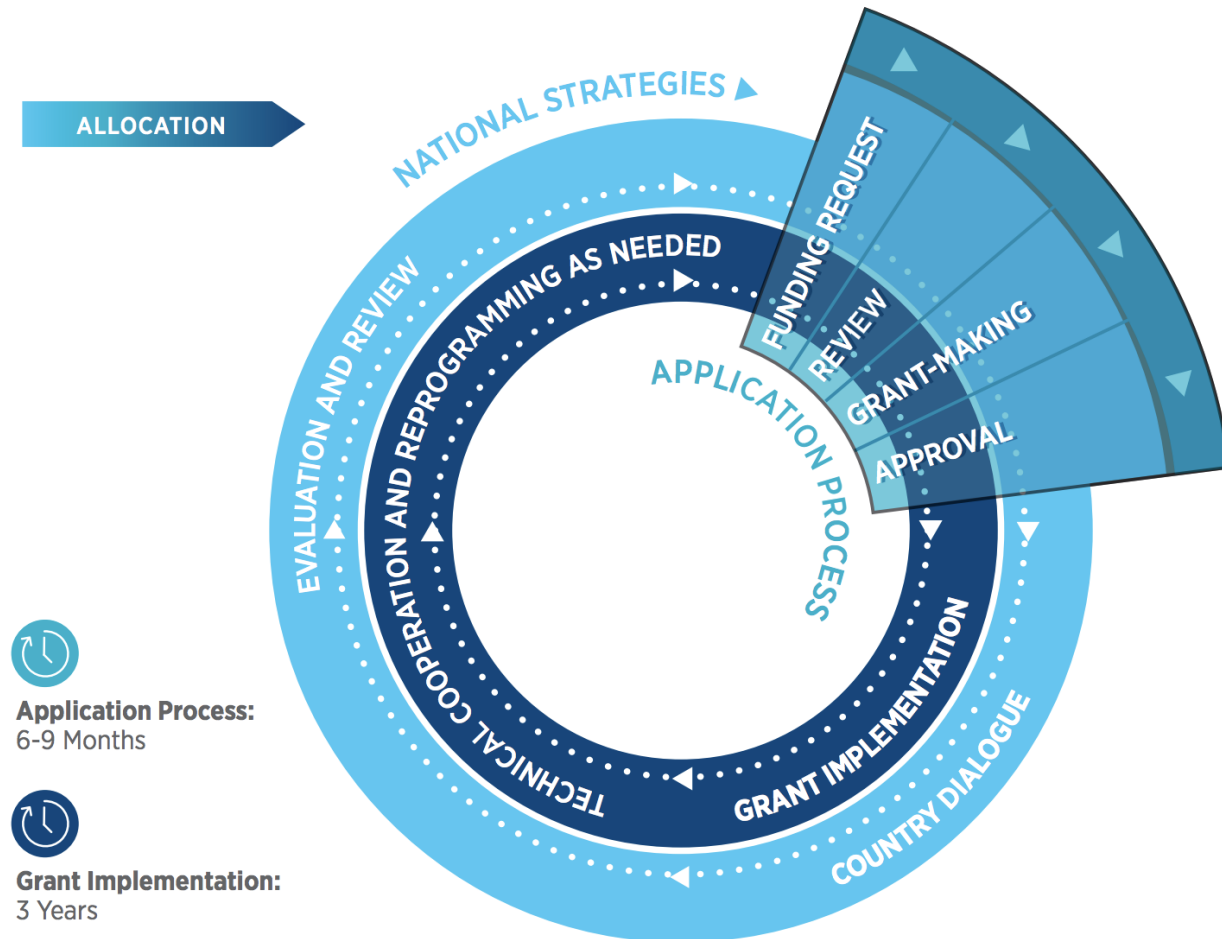|	INVEST., SUSTAINB.	GF CN	NSP, GOVERNANCE	IMPLEMENTATION	SI AND M&E	CBOS & CSOS
1 April - 30 Sept. '17	10%	41%	25%	8%	13%	3%
1 Oct. '17 - 31 March '18	14%		28%	26%	18%	11%

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Strategic Information
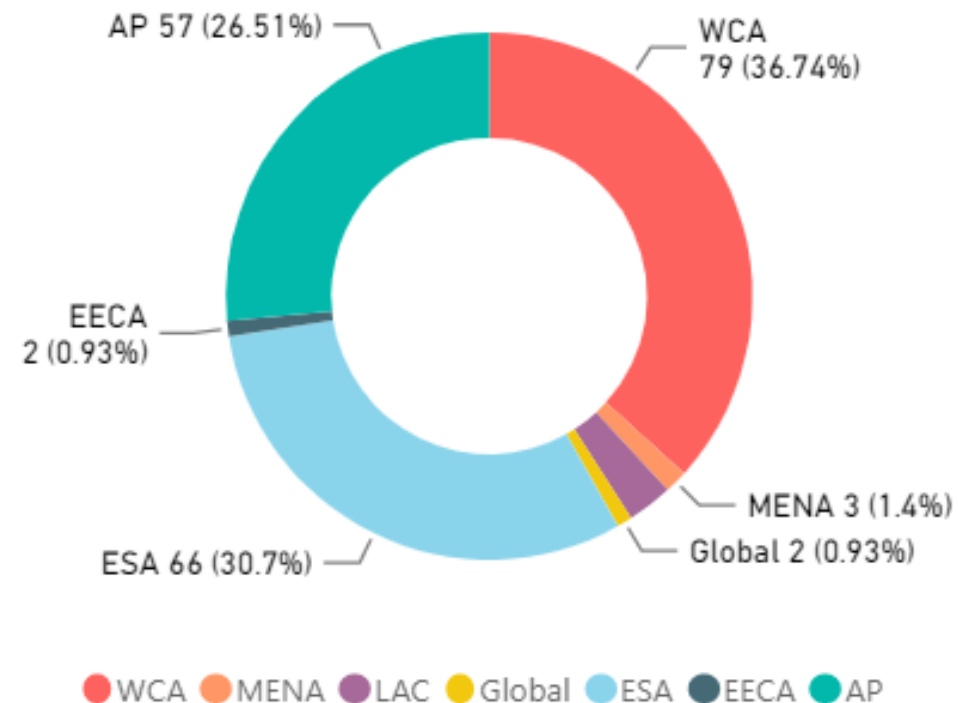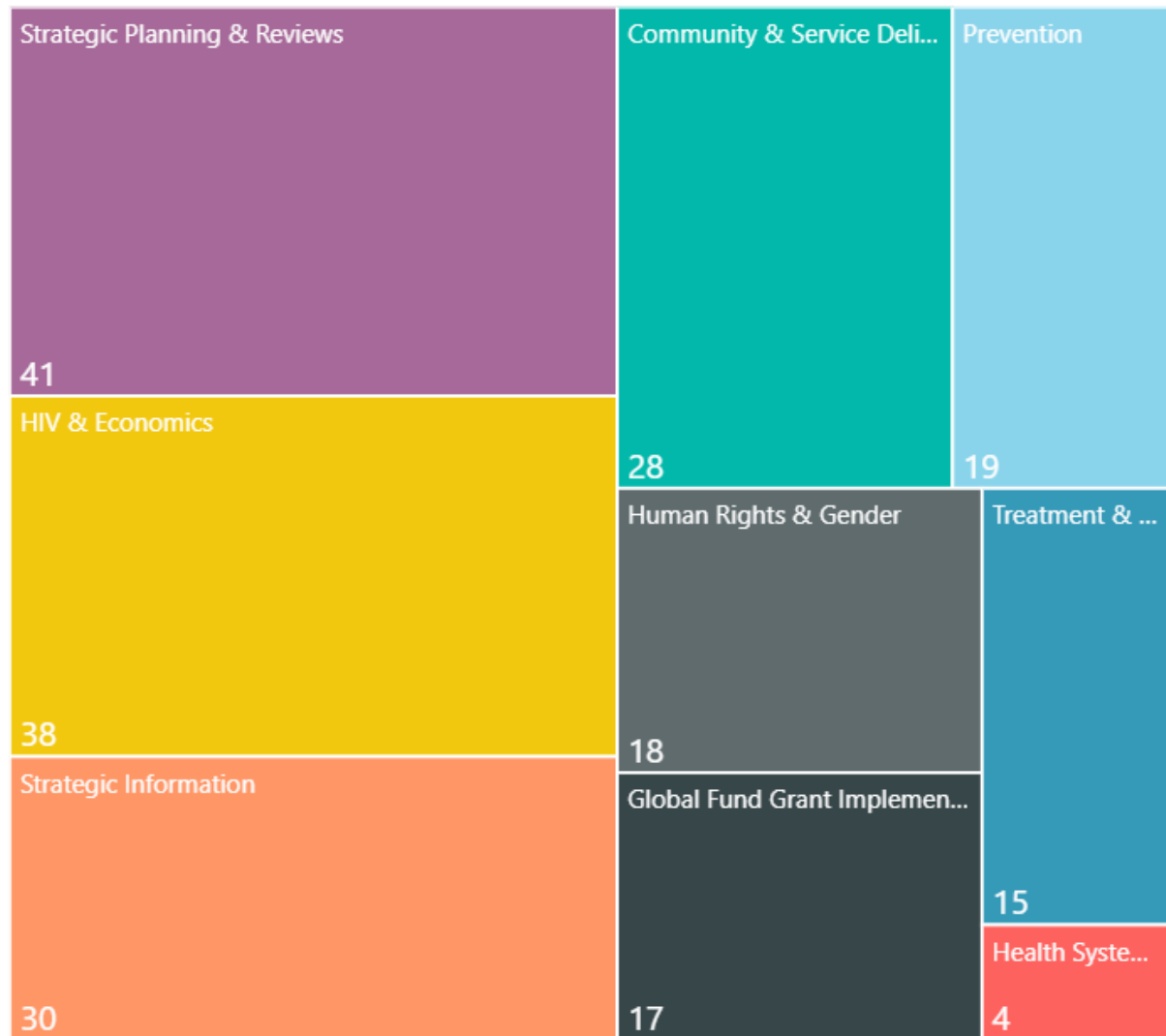
National Strategy on AIDS, Investing for Impact

Country dialogue – involving those left behind and giving a voice in prioritization

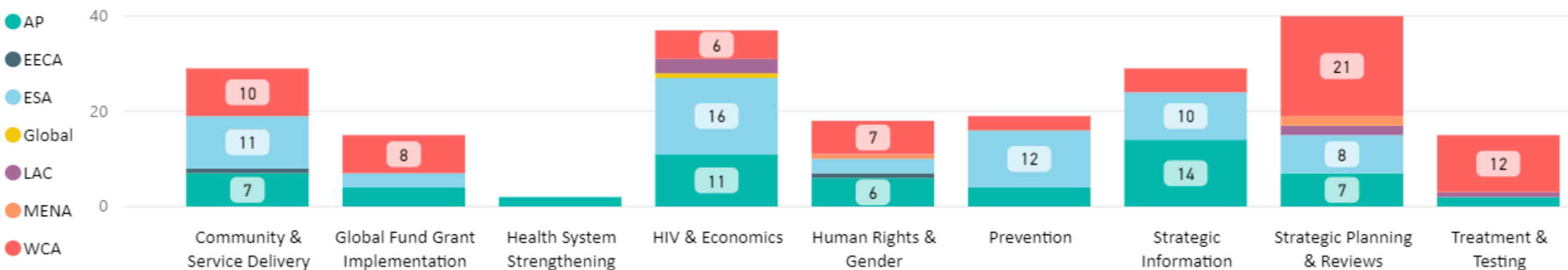Support to change policies and address boundaries of implementation

Support to build sustainable response and effective transition (including community delivery)

ALLOCATION

Application Process:
6-9 Months

Grant Implementation:
3 Years

Strategic Planning & Reviews — 41
HIV & Economics — 38
Strategic Information — 30
Community & Service Deli... — 28
Prevention — 19
Human Rights & Gender — 18
Global Fund Grant Implemen... — 17
Treatment & ... — 15
Health Syste... — 4

AP 57 (26.51%)
WCA 79 (36.74%)
EECA 2 (0.93%)
MENA 3 (1.4%)
Global 2 (0.93%)
ESA 66 (30.7%)

Legend: WCA · MENA · LAC · Global · ESA · EECA · AP

Assignments per thematic area

- More than **50% of** assignments were delivered to enable countries to identify and overcome policy, programmatic and structural barriers to achieve Fast-Track targets.

- The results achieved impact well beyond the Global Fund grants, with transformative effects on health and community systems.

Spotlight: Indonesian National HIV and AIDS Program: Area- Specific Acceleration Plan

By end of 2018, only 17% of PLHIV in Indonesia were on ART. The Acceleration Plan, developed in July 2019, establishes key step to accelerate scale up of Indonesia's Test and Treat achievement by the end of 2020. It includes: geographic focus, expanding outreach, adopt and accelerate implementation of key international guidelines (test and treat all, same day initiation with CSO support, six months prescriptions, annual VLT, full TLD transition, TPT, recency testing, PrEP).

The plan – a joint product of MOH, PEPFAR, GF, UNAIDS, developed through TSM support - will shape the GF grant reprogramming, aiming to accelerate grant implementation and increase impact.
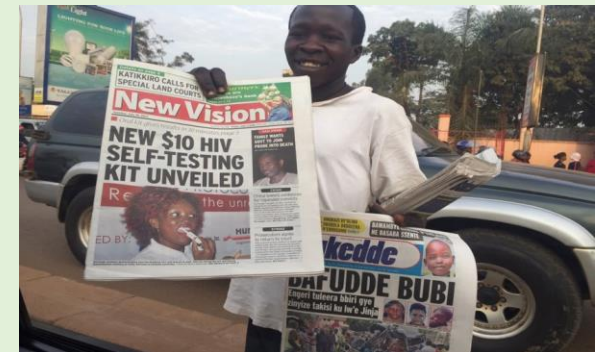
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Spotlight: Launch HIV Self-testing in the Democratic Republic of the Congo

Challenge: Lack of country-tailored guidance stalled GF grant Implementation
Request for support: GF FPM, National Partners to UNAIDS CO

TSM support: Implement WHO guidelines on self-testing, adapted to the cultural context and needs (pilot phase, capacity building, intervention design tailored to community-needs in three counties). Results will inform the roadmap for national scale up and accelerate GF grant implementation.

- *Funding of TA:* UNAIDS TSM and GF grant TA (US$ 120 000, 50% split)

- *Management of TA*: UNAIDS Country Office

- *Quality Assurance*: UNAIDS Country Office, UNAIDS Treatment Team (Geneva and RST), OPM Focal point, GF FPM

Partnership with PEPFAR and USAID to catalyze political action on user fees and support country implementation

Strategic Information – DRC and Cameroon country analysis of the effect of user fees on accessing HIV related services and increasing inequities (TSM support)

DRC – political commitment obtained, planned country support to explore options

Global Fund, UNAIDS and WHO strengthened partnership and provide input to GF plan of issuing a guidance note to the GF FPM on the negative effect of user fees

Spotlight: User Fees for HIV-related Services and Maternal Care in Cameroon

The April 2019 Ministerial Decision commits to remove user fees for HIV-related services by 1st January 2020 (result of partnership and political advocacy of USG and UNAIDS).

UNAIDS and partners leveraged political leadership and community participation. The June 2019 participatory Douala workshop, led by the MoH and supported by UNAIDS and partners, discussed opportunities and challenges. A major outcome of the workshop was a Road Map to prepare for the abolishment of the user fees. UNAIDS is providing support to estimate the resource needs to offset the removal of user fees and to identify policy and financial management options.

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- UNAIDS TSM supported countries in undertaking stigma index studies.
- Namibia, Burkina Faso, eSwatini, Indonesia, Lesotho, Philippines, Rwanda, and Sierra Leone identified barriers to services for people living with HIV.
- UNAIDS and GNP+ provide quality assurance and in-country capacity building

Spotlight: Stigma index

The Stigma Index, conducted by Indonesia's Principal Recipient, informs the prioritization of prevention and treatment activities under its current grant.

Eswatini's first Stigma Index since 2011 generated evidence to guide policy change and interventions to reinforce efforts to protect people living with HIV from stigma and to inform catalytic fund design and implementation.